

IMPLICATIONS OF MASLOW'S NEEDS THEORY
FOR COUNSELING OLDER AMERICANS

BY

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For Joyce who loved me through it all

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FOR COUNSELING OLDER AMERICANS

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This study was an attempt to demonstrate the application of the theoretical framework proposed by Abraham Maslow in increasing the understanding of the needs and problems of older Americans.

More specifically, this study involved the development of the Survey of Needs and Problems (SNAP) questionnaire. The SNAP was pilot tested and refined. The final form was field tested on three separate age populations: students who were seniors in the College of Education, University of Florida, working educators in the age category of 35-50, and retired educators. These three populations were used to provide a measure on change in needs and problems over time.

Needs and problems were measured in six areas. The six areas were 1) physiological, 2) safety, 3) love/belonging, 4) self-esteem, and 5) self-actualization.

Results indicated a relatively low level of concern (as expressed by mean scores) for the need/problem items presented in

the SNAP questionnaire. When mean scores for the need/problem items were pooled by need area, the safety area was ranked higher by retired educators than were the other need areas. Physiological needs and problems were also a concern to retired educators. The physiological and safety need areas are what Maslow calls lower order needs.

Those items which were added by individuals in this study had a much higher mean score and indicated the presence of more serious problems than did the items presented in the SNAP.

Of the three groups of subjects in this study, retired educators were most likely to espouse an unselfish, giving philosophy of life. Retired educators were, to a significant degree, less likely to feel inferior to others, to fear failure, to not like their looks, or to feel they had no sense of trust with their friends. Retired educators, as did the other two groups of subjects in this study, indicated a high degree of satisfaction in their life.

Males of the study indicated having significantly less of a problem with many of the need/problem items than did the females of this study. Members of minority races had less of a problem with several of the items than did members of the white race.

The general over-all picture of the older segment of the American population as presented by the results of this study is much more positive than would have been indicated in a review of current literature on the elderly. Findings here suggest the possibility of establishing a new positive theory of aging.

The study concluded with a discussion of the implications for the field of counseling, and suggestions for further research.

CHAPTER I

INTRODUCTION

Gerontology is a relatively new social science, born in this century. Yet, even from the outset, it has been characterized by various theories accentuating the negative and often despairing aspects of aging (Aslin, 1974; Blake, 1975; Buckley, 1972). Lansing (1952) calls aging a decremental process, while Kleameier (1961) refers to aging as "a flight of irregular stairs down which some journey more quickly than others."

The negative view of aging is extensive throughout our culture. It touches us all. As Neugarten (1971) has said, most Americans see aging as "alien to the self and tend to deny or repress the associated feelings of distaste and anxiety" (p.45). Counselors, too, are not immune to the stereotypes and veiled negatives that are often presented in the media (Garfinkel, 1975; Schlossberg, Vontress, & Sinick, 1974). Fortunately there is much evidence to indicate that national trends are swinging away from the negative and toward a more positive view of the aging/developmental process. There is a growing awareness of the destructive consequences of a divided society. By becoming aware of aging, and "ageism," R.N. Butler's term for all the stereotypical negatives surrounding aging (Butler & Lewis, 1977), we increase the possibilities for a full and happy life at any age.

The ground work is being laid for social and cultural changes concerning aging within our society. People in government, education, and social services are putting forth a greatly increased effort aimed at improving the nation's general understanding of the older segment of its population. By better understanding the aging process we bring a light of truth to bear on a time of life so often veiled in silence and ignorance.

This study adds further data to the general body of knowledge used by counselors who work with older Americans. By understanding the needs of older Americans, counselors increase their effectiveness and, as a result, older Americans increase their chances of continually improving upon the quality of their lives.

Need for the Study

Helping professionals must, in their efforts to understand, treat the older American as a total human being related to an environment. If counselors are to encourage positive human growth and development, attention must be paid to a person's problems and concerns in whatever area they arise. It would be a weak and narrow focus to consider only the social problems of aging, or only the psycho-physical changes that occur with the passing of time.

Counseling efforts, social and educational programs, legislation--all services utilized by the older American--must be grounded in an understanding of a wide variety of personal concerns.

This understanding requires knowing the needs and problems of the older American, related demographic data, and something of the environment that has contributed to or hindered personal growth.

Research has shown that the needs of persons living in a mid-sized town are quite different than the needs of those living in rural or large urban areas (Myers, 1978). A service organization that treated all recipients the same would be running the risk of complaints about inadequate services or charges of impersonal, insensitive treatment. It was the premise of this research that services organized to meet the needs of a specific group should start with a clear picture of what the needs really are. What older Americans see as their own problem/need areas offers the groundwork for a systematic approach for the delivery of counseling services.

Counseling the older American is a new undertaking for most professionals, and counselors still have a long way to go in understanding this population. In many ways the older person who presents him/herself as a client is no different than other people of other age groups presenting the same kind of concerns. Yet, in many ways, the older American is different.

The passing of time brings varied experiences that make older Americans a much more diverse population than, say, a class of high school seniors. Being less homogeneous than other age groups, more caution is needed in making generalizations about older Americans. It is helpful in working with any population to understand the cohort group. But because of the diversities that exist among individual older Americans, this population must be approached with greater caution when trying to understand the individual based on cohort data. Additionally, this greater diversity underscores the need to understand the total person when dealing with specific areas of need or concern. Therefore,

counselors serving older Americans will be required to deal with more than the psychological needs of their clients. Perhaps more than with any other cohort group, these helping professionals will be using a large body of information to deal with a broad spectrum of client needs.

This study sought to familiarize counselors and other professionals with the general total needs structure of this client population, and to provide familiarity with a system that can be used in helping clients conceptualize needs and problems within a total developmental framework. Such a system is provided by Maslow (1954), who delineated man's needs into a comprehensive, five-tiered hierarchy. This study also focused on the changes that might have taken place in a person's needs over time. By sampling three separate age populations--undergraduate university students who are seniors in the College of Education, working educators, and retired educators--information was gathered that gave a general picture of a change in needs over time. This general picture will certainly help further the understanding of what it means to grow old in America.

The Purpose of this Study

There is still a lack of agreement and understanding surrounding the process of psycho-social aging and development. It was the purpose of this study to demonstrate the application of the theoretical framework proposed by Maslow (1954) in increasing the understanding of the needs and problems of the older American population. More specifically, an instrument was developed for gathering data over a broad spectrum of

human concerns. By sampling the older American population and comparing the results to samples of two other age groups, data were provided that can be used to help further clarify and develop the counselor's role in the on-going, life-long process of psycho-social aging and development. This researcher sees this understanding of client needs as a vital component in the counseling/helping relationship.

Rationale

Maslow (1954) has developed a system for viewing human needs that takes into account the total person. His five-tiered hierarchy of needs provides a structure for assessing the needs of a population. By grounding the delivery of counseling services in this in toto perspective, helping professionals are able to aid the individual in meeting needs and concerns, regardless of the areas in which these needs may lie. Programs designed to meet specific needs will increase their benefit to the target population by incorporating an understanding of the total person, as well as his or her relationship to the cohort group. With the assessed needs prioritized by the potential recipient of services, and organized around a strong theoretical framework as Maslow has proposed, understanding of the psycho-social development process and specific problems of aging comes that much closer to being a reality.

Man's natural direction of change and growth is up the hierarchical ladder (Maslow, 1954), from basic physiological needs, through safety, love/belonging, and self-esteem to self-actualization and its accompanying needs. If external (psycho-, socio-, economic) forces

did not impede human growth, we would find a direct correlation between an individual's age (maturity), and his or her level on Maslow's hierarchical ladder (Maslow, 1954).

However, there are many factors that work against this natural growth process. We know that the negative values and beliefs that society holds about the older American affect not only how we will feel about ourselves as we age, but also have a direct effect on the needs, values, and beliefs of today's elderly. Other factors that inhibit growth are fears, anxieties, regrets, and worries. Maslow (1954, p.82) states "another peculiar characteristic of the human organism when it is dominated by a certain need is that the whole philosophy of the future tends also to change." This means that we not only alter our present with unmet needs, but we change our preceptions of what we see for ourselves in the future. In instances where an older American's focus of concern is dominated by low-level needs, he or she will be hindered from progressing toward the higher-level needs which are inherently part of this natural growth process. Understanding these factors will hopefully lead to strategies for their reduction or elimination, a step beneficial not only to older Americans themselves, but also to the programs which serve them.

America is a society proud of its individual freedoms, one of the basic of these being freedom from want. As a social response to individual needs, many human service organizations, both public and private have been set up. Traditionally these organizations have functioned by delivering services geared more to meeting the capabilities of the delivery system than to responding to the needs of the

recipients of services (Myers, 1978). It was not the goal of this study to recommend corrections for this problem; however, the data collected did indicate areas for program emphasis, particularly where a need for counseling service was indicated.

Although counseling was targeted as one of four priority funding areas in gerontology by H.E.W. (H.E.W., 1977) a definition of counseling is far from being operationalized. As of this writing there is still no one working for the Florida Division of Aging and Adult Services who holds the job title of counselor. One can only conclude that the counseling needs of the elderly go unmet or are addressed by serving the client circuitously in any of a wide variety of existing programs (e.g., meals on wheels, legal aid, and homemaker service).

Americans are still a society that fails to personalize the natural progression of aging from birth to death. The tendency is to deny our own aging and repress the feelings of distaste and anxiety that "ageism" generates. On the rationale that knowledge and understanding are prime movers in the eradication of misgivings, falsehoods and stereotypes, this study was designed to help increase the knowledge of life span development, particularly in the later years. It was not this researcher's goal to reach some final understanding of aging, but rather to help track man on a fluid and seemingly limitless path of development.

Research Questions

This study sought to answer the following research questions:

1. What are the needs and problems of the older American?
2. How do the strength and arrangement of these needs and problems change over time?

3. Do needs and problems vary by specific demographic variables?
4. What are older Americans' attitudes toward being involved in counseling?
5. Does the older American population differ from the younger in ranking lower (physiological, and safety) needs, and higher (love/belonging, self-esteem, and self-actualization) needs?
6. With regard to life satisfaction, how do older Americans differ from other age groups in the direction they see their lives taking from 5 years in the past to 5 years in the future?

Definition of Terms

Concern: A matter of interest or importance to one, causing uneasiness or anxiety (Webster's New World Dictionary 1962, p. 302).

Counseling Needs: The type of concerns, problems, or developmental issues which may confront an individual and for which counseling may be a possible source of assistance (Ganikos, 1977, p. 10).

Importance of a Need: For the purposes of this study, the relative importance of a need is defined as the amount of time, energy, and/or thought that goes into a need or need area.

Need: Desire or requirement for the well-being of a person.

Need Area: Any one of five areas delineated by Maslow; physiological, safety, love/belonging, self-esteem, or self-actualization (Maslow, 1954).

Older Americans: Synonymous with "older adults," "elderly," "aged." Persons who are 65 years of age or older. Although most recent governmental legislation and gerontological studies are using 60 as the

chronological definition of older Americans, this study sampled a population that is, with few exceptions, 65 years or above. Recent (August 1, 1979) changes in Florida law allowing for retirement with full benefits after 30 years of service account for the few exceptions.

CHAPTER II

REVIEW OF THE LITERATURE

The review of related literature is divided into six sections:

1) The Study of Aging and the Older American, 2) Demographic and Statistical Descriptions of the Older American, 3) Society's Negative View of Aging, 4) Counseling the Elderly, 5) Maslow's Basic Needs Theory, and 6) Need Assessment Instruments in Gerontology.

The Study of Aging and the Older American

The elderly have always been a part of our society, but it has only been in recent times that they have received so much attention. The following brief chronology of the study of the elderly gives a clear perspective on its present stage of development.

The first of what could be considered empirical studies on this segment of the American population came in the early part of the twentieth century as an offshoot of the older disciplines of psychology and sociology (Guiliden, 1976). It was during this time period that the word "gerontology" was first used. In 1922, G. Stanley Hall became the first psychologist to write about aging (Jarvik 1975). Writing at the age of 73, Hall resented aging, and his book Senescence, the Last Half of Life was marked with a pessimism that has been associated with the psychology of aging ever since (Jarvik 1975).

The field of gerontology in the 1930's was primarily concerned with the biological processes of aging (Tibblits 1960). Instead of

looking at dietary deficiencies or other ex vivo causes for explaining the onset of some new psychological change or condition in the elderly, many assumed the decrements to be just part of the natural decline due to aging.

This opposition to citing biological change as the cause of psychological changes or conditions is evident in the old psychological lexicon. The current psychological terms of chronic brain syndrome (CBS) and schizophrenia have replaced the old term of dementia praecox or "premature madness." In the past dementia praecox was delineated from the term senile dementia which was the madness of old age--the irreversible deterioration with its concomitant emotional disturbance--often seen as the inevitable accompaniment of aging.

The 1940's saw E.W. Burgess, serving as chairman of the Social Science Research Council's Committee on Social Adjustment, spearhead the establishment of a committee on Social Adjustment in Old Age (1945). This committee published a research planning report which called attention to the need for research in individual adjustment to aging and retirement (Mason, 1971).

In 1946 Lawrence Frank, writing in the newly established Journal, Gerontology, enumerated a large number of social and economic problems needing study. Frank stated that in the last analysis, aging is a problem of social science. However, Frank was unable to report on the existence of any significant amount of social research or any attempts to outline or systematize the field (Frank, 1946). Also in 1946 the American Psychological Association (APA) established a division of Later Maturity and Old Age (Tibbits, 1960). By the end of the forties America had established the ground work for an organized scrutiny of its elderly.

The 1950's signaled an expansion in gerontological interests.

In 1950 the first National Conference on Aging dealt with various aspects of aging. Eight sections were devoted to the social, economic and related elements of aging (Mason 1971). The Gerontological Society established a division of psychology and Social Science in 1952 (Tibbits 1960, p.6).

Unfortunately, much of the research conducted during this period was research of convenience. The subjects were drawn mostly from the institutionalized aged who represented only a small percentage of the total older American population. Today's institutionalized elderly account for about 5% of all older Americans (Butler and Lewis, 1977). Research methodologies of the time were limited and reflect the infancy of the discipline (Tibbits, 1960).

The decade of the 1960's began with the first White House Conference on Aging (1961). This conference was a national statement of commitment to understanding and, where possible, alleviating the problems of aging. The 1960's were marked with an increased interest in the entire field of gerontology. This surge of growth was particularly evident in journal articles, newspaper articles, books, and legislation. America was making a unified attempt at understanding and improving the lot of its older citizens. However, many negativities, shortcomings, and stereotypes surfaced as a result of research investigation. In 1971 Mason published an article that fairly well states the consensus of the times. In it he says

I am sure that most of us would agree that the direction in which we have been moving during the past 10 years for the most part has not been rationally planned. There have been responses to problems with answers found as we have followed the line of least resistance. (Mason 1971, p. 22)

The final report of the second White House Conference on Aging (1971) described older Americans, as viewed over the previous decade, to be "increasingly disadvantaged," and at least one fifth were "still in the desperate, life-destroying circumstances of dire poverty" (Flemming 1971, p. 3). It was at this convention that a firm commitment was established for social service to the elderly (Morris, 1971). One of the main focuses of conference staff effort was the importance of a counseling function "to assist troubled or confused individuals to work out appropriate courses of action based on their own efforts" (Morris 1971, p. 5). This report further recognized the mental health needs of older Americans were being seriously neglected--both because of personnel shortages and lack of resources. Findings indicated that at-home treatment was "seriously underprovided" while institutionalized treatment was being overused and over-indicated. In 1967 the aged constituted 9.5% of the general population, but comprised 30% of all patients in mental hospitals (Morris, 1971). Conference recommendations included establishing a center for the mental health of the aged within The National Institute of Mental Health, and adopting the philosophy of a right to care and treatment. It was further recommended that all mental health programs be open to all elderly without having to submit to a means test.

The American Personnel and Guidance Association (APGA) Committee on Adult Development and Aging can be traced back to 1973. In that year, a small commission, chaired by Dr. Daniel Sinick of George Washington University, was formed and titled the Commission on Aging. In 1975 the commission became a committee with the title which it now

bears (Ganikos 1979). Also in the decade of the 1970's, Public Law 93-296 was passed (1974) that authorized the establishment of the National Institute on Aging. The purpose of this law is to coordinate all the federal agencies involved in aging research (H.E.W., 1977). At last there was a clear focusing of energies to deal with under-standing older Americans in the context of the total person.

Theoretical Considerations of Aging

Two major schools of thought dominate current thinking on the psycho-sociological issue of aging: "The activity theory, which assumes any decrease in a person's activity level will lead to a series of negative changes for the older person" (Guilden, 1976), and the disengagement theory, which assumes that a decrease in social interaction is desired by the older American and accepted by society (Henry and Cumming, 1963).

Activity Theory

The activity theory was proposed by Havighurst and Albrecht in 1953 (Guilden 1976). This theory stresses social role participation, implying that active people are the happiest and express the greatest life satisfaction (Neugarten, Havighurst, and Tobbin 1961). Lemon, Bengtson, and Preston (1972, p. 515) list four postulates that relate the activity theory to life satisfaction:

1. The greater the role loss, the less activity one is likely to engage in.
2. The greater the activity level, the more role support one is likely to receive.

3. The more role support one receives, the more positive one's self-concept is likely to be.
4. The more positive one's self-concept, the greater one's life satisfaction is likely to be.

The view proposed by the activity theory was favored by "most of the practical workers in gerontology" (Havinghurst 1961, p. 4). It has been termed the generally accepted theory (Gulden 1976).

Those who support the activity theory believe that people should hold on to the attitudes, values, and activities that were part of their lives during middle age (at least) as long as possible. When factors such as change in health or finances demand the discontinuance of any activity, then the healthy thing to do is to fill the void with another activity--not to pull away from avocations, or whatever activities one has found to be fulfilling. It seems part of human nature to determine much of our self-concept from our activities. Activity is seen as synonymous with psychological health and adjustment (Adams 1969; Britton 1963).

Tobin and Neugarten (1961), in interviewing 187 older Americans, found that with advancing age, engagement (activity) rather than disengagement was more clearly associated with well-being.

Butler and Lewis (1977) see one's personality as taking a key role in determining reactions to biological and social changes, and "an active rather than passive role is important for mental health and satisfaction" (p. 27).

However, the validity of the activity theory is not insured simply because it is the generally accepted theory of aging. "It

can be argued that the idea of staying active is a middle class value which actually hinders the adjustment to the aging process" (Guilden 1976, p. 26). This may, as Henry and Cumming (1963) have pointed out, "result in a failure to conceive old age as a potential developmental stage in its own right" (p. 63).

Disengagement Theory

The systematic, theoretical statement of disengagement was first proposed by Henry and Cumming in 1961. Others have expanded on the model (Havinghurst, Neugarten, and Tobin, 1968; Maddox, 1964), but the basic assumptions remain the same--an individual's withdrawal from social activity has positive, intrinsic qualities. Disengagement is a natural, free choice process, rather than something imposed upon the older American (Henry and Cumming, 1963 p. 24).

Another basic assumption of the theory is that older persons are by choice less involved in the life around them than when they were younger, and the process by which they become so can be described (Guilden 1976). Cumming and Henry (1971) see this process as initiated either by the individual or by others in the situation (e.g., being asked to retire). Disengagement may begin with the older person withdrawing more markedly from some classes or groups of people, while at the same time remaining relatively close and active with others. Certain institutions in our society make it easy for the older American to begin the disengagement process: The Social Security Administration with early retirement benefits, early maturing insurance policies, and the retirement policies of business and industries are but a few examples.

When the aging process is complete, the equilibrium which existed in middle life between the individual and his or her society has given way to a new equilibrium characterized by a greater distance and an altered type of relationship. (Cumming and Henry 1971 p. 15)

An example of disengagement is presented in the research of Alston and Dudley (1973) in which they are able to show an increased routinization of life over time. Their results lend further support to the disengagement theory.

The disengagement theory assumes that change will occur in three orders of interaction (Cumming and Henry 1971, p. 15):

1. Individuals will lessen the number of individuals with whom they interact. Also, the purpose of these interactions may alter.
2. A qualitative change will occur in the style or pattern of interaction between the older individual and other members of his interactional system.
3. There will also be changes in the older individual's personality which will both cause and result in decreased involvement with others, and increased preoccupation with one's self.

A healthy person, as viewed with respect to this theory, will usually be the person who has reached a new equilibrium--a psychological well-being characterized by a greater psychological distance from others and society, decreased social interaction, and an altered concept of relationships (Guilden, 1976).

Empirical data supporting this theory are not convincing (Havinghurst 1968; Maddox 1974). While Havinghurst and associates were able

to find some empirical support in their Kansas City Study of Adult Life, their findings are insufficient for an unquestioned endorsement of either the activity or disengagement theory (Guilken 1976).

In summary, the research indicates that neither the activity nor the disengagement theory adequately deals with the total adjustment of the older American. The past definitional, theoretical and methodological weaknesses that have existed in this area still persist, and underscore the need for further research and theory formation.

Demographic and Statistical Description of the Older American

At the time of America's Declaration of Independence from England, the total colony population was about 2.5 million (Prior, 1977). Life expectancy was 38 or 39 and the older segment of our population (65+) numbered about 50,000, or about 2% of the total population. By 1900 Americans over 65 represented 4% of the total population. Infant mortality was still high and the average life expectancy was 47 years (Butler and Lewis, 1977, p. 5).

Through the advancement of medicine and improved sanitation conditions this country has been able to reduce the infant mortality rate and lengthen the average life span. Between 1900 and 1968 the total U.S. population doubled, but the over 65 segment of our population increased six-fold (Mason 1971, p. 5). Older Americans represented 5.5% of the total population by 1968. By 1976 this figure rose to 11% of the total population--a segment 22 million strong. Peterson (1976 p. 3) makes an interesting observation when he notes:

The achievement of the rate of zero population growth for the past two years projected 30 years from now gives us an estimate that one half of the U. S. population will be over 50 years of age.

Whether or not the older segment of our population will ever reach these proportions is debatable. But it does point to the fact that older Americans are continuing to grow in numbers, making a greater and greater impact on our society.

Each day approximately 5,000 Americans celebrate their 65th birthday. Each day 3,600 persons above the age of 65 die. The net increase of 1,400 per day means 500,000 more older Americans each year (Prior, 1977). These figures underscore the need to see that the responsive helping agencies of our society keep pace with the changes taking place among the cohort group of older Americans by frequently re-evaluating the present needs of the elderly. Mason (1971) has pointed out that every 10 years 70% of the elderly population changes. These new members most certainly bring with them different systems of needs, values, and beliefs. If the helping professions and agencies are to assist older Americans in meeting their needs, they must first understand the population as it exists and have the flexibility of thought to keep pace with the changes that will occur.

The following subsections provide a brief but important sketch of the demography of the older American population.

Sex Ratio and Life Expectancy

American females outnumber males at a ratio of 105.5 per 100 males in the general population (Butler and Lewis, 1977, p. 5). The difference

among the older segment of our population is even more pronounced. There are 134 females for every 100 males. In the 85+ category this ratio increases to 160 females for every 100 males. In America the life expectancy of females is 76.0 for white and 71.2 for minorities. The life expectancy for American males is 68.9 for whites and 62.9 for minorities (U.S. Bureau of Census, 1976). The fact that females have a longer life span might seem to indicate a biological superiority of the female organism. However, this researcher believes that it is the stress differential existing between the different life styles of the sexes that accounts for this difference. As females take on more of the pressures and responsibilities that have historically been left to the males, it would seem logical that the life expectancy differential between the sexes will begin to collapse.

Income

Poverty is very much a part of the lives of older Americans. In 1971 ten million older Americans, half of the older American population, lived on less than 75 dollars a week (Butler and Lewis, 1977, p. 11), 16% lived below the official poverty level of \$2,100 for a single person and \$2,600 for a couple. These figures compute to just a little over three dollars a day for shelter, food, clothing, transportation, medical expenses--the bare bones of existence.

Location of the Elderly

One fourth of the nation's elderly live in three states: California, New York, and Pennsylvania (Prior, 1977). The fastest growing elderly population (1960-1970) are in the states of Arizona, Florida, Nevada, Hawaii, and New Mexico. In each of these states the over-65 population

increased by one third or more during this ten-year period. In 1975 Florida had an older American population that accounted for 16.1% of the state's residents. In 1975 California had the greatest concentration of the nation's elderly--2,056,000. New York was second with 2,030,000. The above mentioned states, because of their high concentration of older Americans, make logical targets for further research on the elderly.

Marital Status

Butler and Lewis (1977) and Prior (1977) have underscored the well known fact that among the elderly there is a great discrepancy between the marital status of men and women. In 1976 seven million or 77% of the older American male population was married. Only 53% of the older American females were married (Prior, 1977). There are many more older women than men. Because these women usually have married men who are older than themselves and who die at an earlier age there are 5.5 times as many widows as widowers. In the 75+ category, 70% are widows.

In our culture men tend to marry women younger than themselves. This situation reduces the availability of marriage partners for older American women; thus, only 2.2 widows per 1000 over the age of 65 remarry. Widowers over the age of 65 remarry at a rate of 18.4 per 1000 (Prior 1977). Butler and Lewis (1977, p. 7) state the fact another way: "Each year some 35,000 older men marry while for the women the comparable figure is only 16,000."

Living Arrangements

It is a common stereotype to think of the American elderly as residing in institutions. Early gerontological and psychological

studies of the elderly contributed to this notion by concentrating on the institutionalized elderly as a convenient population to be sampled. These studies no doubt contributed to the notion that institutionalization was to be expected in one's later years. However, in fact only 5% of the elderly reside in institutions (Butler and Lewis, 1977); 95% of the elderly are living elsewhere.

Of the total older American population, 80% of the men and 60% of the women live in family units with spouse and/or children. Approximately 25% live alone or with nonrelatives (Prior, 1977). Pointing again to the discrepancies that exist by sex, Prior (1977) states that about 57% of all older American men live in a family unit that includes a wife, but older American women who live in families that include a husband account for only 33% of all older women. "More than three times as many older women live alone or with nonrelatives than did older men." (Prior, 1977, p. 6).

Place of Residence

As of 1974, 65% of all older Americans lived in metropolitan areas. Of the approximately 40% living in non-metropolitan areas, most (35%) lived in small towns, while 5% lived on farms (Butler and Lewis, 1977).

Level of Education

In 1975 half of the older Americans had not completed one year of high school. About 2.3 million older people are functionally illiterate, having no schooling or less than five years. About 8% were college graduates. (Prior 1977, p. 6)

While these figures reflect a cohort group with an educational level below the national average, it is encouraging to note that the educational level among the elderly seems to be on the rise. Palmore (1976) predicts that by 1994, the older American population will equal the middle-aged population (45-64) in level of education.

Racial Composition

Butler and Lewis (1977) provide an excellent profile of the racial composition of the older American population. The following information was taken from their book--Aging and Mental Health: Positive Psychological Approaches (Butler & Lewis 1977).

American Blacks. Elderly blacks now constitute 7.8% of the total black population. While blacks comprise 10% of the total American population, they represent only 5% of the older age group. This fact is generally a result of their low socio-economic status which involves poor nutrition and health care. Black males have a life expectancy of 60.1 years while black females live to an age of 67.5 years. In 1970 this difference meant that for every 100 black elderly men, there were 131 black elderly women.

Spanish Americans. Spanish Americans make up approximately 5% of the total American population, but because of their relatively low life expectancy of 56.7 years, they comprise only .02% of the total elderly population. Of the Cuban American population 8.6% are over 65.

American Indians. American Indians are the poorest people in America. Their life expectancy is only 47 years. Very few survive to the age of 65.

East Asian Americans. Oriental Americans comprise 1% of the total American population. Of this 1%, 6-8% are over 65, over half live alone, and over half live in big cities.

Society's Negative View of Aging

America is a youth-oriented culture. To tell someone that they look young is a compliment. The valuation of youth has contributed greatly to the devaluation of the elderly and to all the associated negative stereotypes and prejudices that exist in our culture today.

Older Americans are often looked upon as less than full citizens. They are a segment of our population who have been "sacraficed . . . for the sake of productivity" (Butler & Lewis 1977, p. 141), and devalued both culturally and physically (Buckley 1972, p. 755). As a society Americans have maintained and propagated the view that the elderly are a cohort group whose health and vigor have decreased (Aslin 1974), who are behind the times and who are rigid thinkers, set in their ways with little or no worth to our present day society.

The National Council on Aging (1977) describes the American myth of the elderly:

Typically, he's a man in his sixties. Not so long ago, he was a productive member of society. But as he approaches 65, his job brought him less and less satisfaction. His work suffered, he had more than his share of on-the-job accidents, and his number of sick days increased. He looked forward to forced retirement with growing eagerness.

He used to live in his own home, but he can't get around as he once did, his savings are almost gone and he will most likely live out his days in an institution for the aged.

Although his needs are fewer than when he was young, he's becoming a drain on the country's resources;

still, after so many years of stress, he feels he deserves a little peace and quiet.

He gets depressed more than he used to, and his sex life is a thing of the past. Like most people over 65, he's apt to forget things, make foolish remarks, throw tantrums. He accepts these changes, because after all, this is his second childhood, a time of disengagement. (NCOA, 1977)

The myths of aging are not objective occurrences in our society. They get translated into personal belief systems. Americans of all ages become unwitting supporters of "ageism," and thus propagate all "the prejudices and stereotypes that are applied to older people sheerly on the basis of age" (Butler & Lewis, 1977, p. 141). Rosenfelt (1965) saw the elderly being viewed as dull and uncreative. Harris (1975) in surveying 4,254 people, reported that those under 65 viewed the older American as basically inactive, nonproductive members of society.

Ageism is historically ingrained in our society, and for the past century seems to have increased rather than decreased in its intensity. An analysis of children's literature from 1870 to 1960 shows a decreasingly positive attitude toward the elderly (Seltzer & Atchley, 1971). That which shapes our thinking as children helps to form our belief system as an adult.

Humor is another way in which ageism gets promulgated in the American culture (Palmore, 1976). In cartoons and jokes where the elderly are represented, the majority of the time the connotation is negative. Jokes make fun of the elderly for their physical disabilities, appearance, or mental limitations. Jokes stereotype older American women into the role of "old maid," a consequence is age concealment.

Television, the most powerful and influential of the mass media, seldom represents the elderly appropriately. When they are represented, it is often in a deferring role, for example, with a dominant and attractive female. The elderly are portrayed as having more than the average share of problems and having to rely on the competent younger adult for assistance (Northcott, 1975).

Americans approaching their later years are bombarded with commercial advertisements to hide their hearing aids, wear contact lenses instead of glasses and dye their hair for that youthful appearance. The outcome of these campaigns is often a lower self concept for the elderly. A natural reaction to these commercials is a desire to be other than one's own age.

America has described the later years of life in such negative terms that it is no wonder that older Americans have internalized negative beliefs. For example, the suicide rate for persons over 55 is twice as high as for those under 55 (Gardner & Bahn, 1964), yet the older American is reluctant to seek help. In a sample of 8,000 first calls to a suicide prevention center only 2.5% were from persons 60 or older (Rachlis, 1970).

Ageism is doubly destructive. It not only places today's elderly in a subjugated position, with feelings of worthlessness and poor self-esteem, it sets up the general population with the negative expectations that the same decrements and infirmities of life will befall them when they are older.

The fact that so many of America's elderly are poor is a direct cause of many of the problems of this age group. Poverty breeds mental illness (Butler & Lewis 1977). It can cause malnutrition and anemia that directly result in psychological changes within the individual.

It seems that the elderly are often victims of a vicious circle of events and circumstances. External events or the beliefs of "ageism" infringe upon the person in a way that leads to a state of depression. This internal state may lead to loss of appetite, which may lead to undernourishment, or even malnutrition, and negative psychological changes. The internal state produces changes which are seen as age related, but in actuality are the reversible reflections of the affective state of the individual (Jarvik, 1975).

This researcher has sought to counter the effects of ageism by presenting a clear picture of the needs and problems of older Americans. By profiling these needs and problems, helping professionals will have a sound basis for developing their individual strategies for serving the client population. Training programs, too, will benefit from the results of this research by placing the training emphasis where the needs and problems are indicated.

Counseling and the Elderly

On a societal level, the problems of the aged at any particular time arise from two primary factors: 1) the composition of the aged population at that time (size, economic status, health, beliefs), and 2) the social environment within which the elderly are located (housing, medical facilities, welfare programs, kinship patterns). (Uhlenberg, 1977, p. 190)

As a population, older Americans have readily demonstrated the need for counseling services, but the concept of counseling is outside their sphere of experience. Many of today's older Americans have lived their lives with a strong sense of independence and self-reliance. Seeking out the help of others, for any matter, has been a last resort. Yet millions of older Americans live from day to day with a wide variety of unmet needs.

Buckley (1972) found the elderly's most common problem to be a feeling of separateness, a feeling of having been put aside, discarded. Negative beliefs about aging and retirement became self-fulfilling prophecies as Americans left employment and entered into a more unstructured life style. Work, which promoted ego strength and feelings of acceptance among colleagues and peers, was gone. Work, which offered an escape from the tensions existing in the home, was gone. With retirement came huge blocks of time, often with no plans for filling the hours. Idleness shifted the focus to one's self. The loss of income and self-esteem forced a change in life style and often brought about feelings of dependency.

Loneliness is another problem of the elderly often reported in the literature (Buckley, 1972; Gaitz & Scott, 1975; Jackson, 1976). This problem is especially prevalent among older black women. In 1970 25% of the elderly black women had never had children. Additionally, there were about 77.2 black males for every 100 females, and many of the males had younger wives. Only 20% of the older black women lived with their husbands (Butler & Lewis, 1977). Jackson (1976, p. 51)

has stated "The plight of loneliness generally increases with age, and cannot be reduced effectively through the typical ploys of aging services." Counselors and other helping professionals will be called upon to find new ways of approaching this problem area.

With the death of one's spouse, social isolation increases and cultural isolation follows. The sharp changes in personal relationships, the abrupt changes in social status upon retirement, all serve to precipitate an identity crisis for the elderly. When individuals are unable to respond in a way that moves them through times of crisis, an attitude of helplessness ensues which "can easily lead to inactivity with consequent intellectual decline that could have been avoided in the absence of detrimental psychological influences" (Jarvik, 1975, p. 578). Although the need for counseling services among the elderly is evident, the programming of those services still requires further input on the needs and problems presented by this potential client population.

What is so often the case with the elderly is the fact that many older Americans have to deal with not one major crisis in their lives, but a series of related changes at a time when strength, self-confidence, and resilience seem to be waning. Life-coping strategies that worked in the past are often found to be inadequate when older Americans are faced with multiple crises in their later years. Some older Americans would choose a counseling service if it were offered (Myers, 1978), while others would attempt to handle their problems themselves. In either case, by gaining a better understanding of counseling as a viable choice in one's personal problem solving

system, older Americans can open for themselves the realization that one's later years hold just as much potential for growth and development as any other period in one's life.

The younger segment of American society, who have been exposed to the human potential movement of the 1960's, seem generally to accept that it is a human condition to, at times, need the psychological and emotional support of others. There is a healthy connotation to receiving help in one's personal growth. Older Americans, on the other hand, seem caught between the behavioral patterns of independence learned in the past, and the problems of today's complex and rapidly changing world.

The challenge to the counselor presents no small task--to help older Americans see the value of helping professionals as people trained to assist others in working through problems so that happiness may again return to their lives. But, as a general rule, older Americans are still not using counselors as resource people. Buckley (1972) found that only 1% of the contacts at a mental health center were from persons over 65. Stevens (1973), doing a needs survey in a public housing project for the elderly, found that the professionals, although carefully selected, were met with suspicion and mistrust. The respondents feared how the information might be used. The counselor's task is clear--to understand older Americans against the background of their values and beliefs, and to develop appropriate strategies to help them meet their needs.

When older people are able to get over the feelings that needing counseling is a sign of personal failure, and begin working with

helping professionals, the interaction process is generally not so different than with any other adults seeking help.

When older people come in for counseling they have the same needs that we find among the youth and middle-aged: the need to feel loved, to feel self-worth, to have practical matters of life made clear or easier, to be understood by someone who cares, to find a way to cope and carry on when problems seem insurmountable, and to find acceptance and support. (Buckley, 1972, p. 755)

Literature in the field of aging and adult development is extensive (Schmidt, 1976), but in the area of counseling the elderly the literature is scarce. While America, a society, has physically and culturally devalued the aged (Blake, 1972), helping professionals have followed suit. No doubt the stage was set (circa 1900) when Freud refused to see patients over 50 years of age because they did not have the "elasticity of the mental processes on which counseling depends" (Hiatt, 1971). In the 50 years since Freud, little has changed. "Older people have been the forgotten and ignored of the American Personnel and Guidance Association" (Blake, 1975, p. 736). A review of APGA journals reveals "virtually no concern for the experiences of the elderly." During the period from September 1968 to September 1974, only eight articles appeared concerning the elderly. In an article by McDaniels (1973) which projected counselor employment needs in the near future, there was no mention of gerontology. As the literature is found lacking, so is there a dearth of training programs offering counseling in gerontology. "The majority of students enrolled in counselor education programs do not have the opportunity to take a course specifically designed for counseling the

elderly" (Salisbury, 1975, p. 238). In a questionnaire survey of 305 counselor education programs (Salisbury, 1975), none was found to have a required course in counseling the elderly. Only 18 had a course available as an elective. This and other evidence (Schlossberg, Vontross, & Sinick, 1974) indicates that "ageism" must not be thought of as a value judgement which exists only outside of the helping professions. Counselors have not been immune to the biases present in the general population. Unfortunately, "ageism" is evident in the quality and types of services offered to the older American.

The literature has shown that, as a general rule, the mental health practitioner has a negative, defeatist attitude about the problems of the elderly client. There is often careless diagnosis. Where the therapist believes the majority of the symptoms and problems to be irreversible, treatment is either poor or non-existent. Yet, this belief is totally without foundation. "Over 50% of the elderly show prompt and longlasting response to therapy, another 20% show a positive reaction" (Linden, 1963). Because the later years of life have been falsely characterized as a time of psychological and emotional rigidity, counseling and other psychological services have either not been offered, or have been established with less than a full commitment to the elderly.

In the face of the overwhelming evidence of the presence of "ageism" both among the elderly and among helping professionals, it seems increasingly important that Americans be given some preparation for their later years. It cannot be assumed, in the generally prevailing atmosphere of today's society, that all people will prosper and grow old gracefully with feelings of self-worth.

These changes seem indicated in the field of gerontological counseling: 1) counselors must increase the level of their awareness of their own beliefs about aging, 2) they must integrate into their practice the findings of recent literature aimed specifically at counseling the elderly, and 3) there must be a focus on educating the older American in both the value of outside help in working through one's problems and the idea that life is a developmental process in which one's later years hold the opportunity for personal growth and self-fulfillment. Research of the type undertaken here hopefully helps to clarify the picture of the needs and problems of the older American. This knowledge can and should be a solid foundation upon which to build both counselor training and social service program implementations.

Maslow's Basic Needs Theory

The idea that human needs are arranged in a hierarchy is not exclusively a Maslowian idea (table 1). This theory has been proposed in one form or another by various writers (e.g., Argyris, 1957; Davis, 1956; Haire, 1956; Leavitt, 1958; Smith, 1955; Viteles, 1953). Maslow was not even the first theorist to assume a hierarchical system of needs, motivation, and growth. Langer (1937) preceded him by some six years. But it has been Maslow's theory (1943, 1954) that has been quoted, used in research across many disciplines, and cited as a reference in many fields other than psychology. For example, Maslow's work has often been referred to in the field of business. In 1974, Maslow's (1943) article ranked second in the total number of citations in the area of management literature (Matteson, 1974).

Table 1
SELECTED SCHEMATA OF HUMAN GROWTH
(Mitchell, Logothetti, and Kantor, 1971)

Immature

Mature

	Security & Survival	Belonging	Esteem	Self-Actualization
Maslow	Poor	Status Quo	Materialistic	Person-Centered
EPRC	Aggressive &	Belonging &	Materialist	Personalistic &
Graves	Antisocial	Ordered Existence		being-Motivated
Loevinger	Impulse-ridden	Conformist	Autonomous	Integrated
McClelland	Protection &	Expression & Regula- tion of Affect	Master of External World	Self-Direction & Support
Erickson	Basic Trust	Industry	Initiative	Identity
Porter	Security	Social	Esteem & Autonomy	Self-Actualizing
Fromm	Receptive	Hoarding	Marketing & Exploitative	Productive
Harvey	Very Concrete (I)	Fairly Concrete (II)	Fairly Abstract (III)	Highly Abstract (IV)
Peck &	Amoral & Expedient	Conforming	Irrational - Conscientious	Rational-Altruistic
Havighurst	Preconventional, Stages 1 & 2	Conventional Stages 3 & 4	Postconventional Stage 5	Postconventional Stage 6
Kohlberg	Knowledge is absolute	Knowledge is situational	Knowledge is relative	Knowledge is normative
Athos				
McGregor &				
Maslow	Discard	Theory X	Theory Y	Theory Z
Kantor	Immature	Homeostatic Adjustment		Unfolding
Shostrom	Enactive	Iconic		Self-Actualizing
Bruner	Developing & traditional	Take-off	Industrial & Advanced Industrial	Symbolic
Rostrow				-----
Riesman	Inner-Directed	Traditional Directed	Outer-Directed	Autonomous
Jung	Sensory-Feeling		Sensory-Thinking	Intuition-Feeling

Evidence of the use of Maslow's theory can be found in anthropology (Aronoff, 1967; Montague, 1970), political science (Bays, 1968; Knutson, 1968), vocational rehabilitation (Goldberg, 1967); and, of course, psychology (Argyris, 1964; Haire, 1956; McGregor, 1960; Roe, 1956, 1960; Samler, 1968; and Schein, 1965). Maslow's theory has been widely used, but surprisingly enough it has not been widely tested for validity.

Maslow sees needs as being hierarchical in nature, arranging themselves in a priority order from most potent to least potent. The higher order needs are not as important (or potent) to an individual until lower needs are satisfied. This principle of prepotency holds throughout the hierarchy. Maslow is not saying an individual can only or will only attend to one need at a time. While several needs may act simultaneously as motivators, one at a time will predominate.

Maslow's theory delineates man's needs system into the following five categories (1954, p. 89):

Physiological. This need includes the body and what it requires to maintain good health: air, food, exercise, sex, sleep, medicine--all are possible areas of need. Physiological needs are considered the most prepotent of all needs. It is most often the human condition to be concerned with several need areas at one time; however, when needs compete for satisfaction, the lower order needs will predominate.

If all the needs are unsatisfied, and the organism is then dominated by the physical needs, all other needs become simply non-existent or are pushed into the background. (Maslow 1954, p. 82)

Individuals, for example, would risk safety to eat, but would be limited in the amount of eating they could forego for the sake of safety. When needs are generally satisfied in this area, the next higher category on the hierarchical ladder becomes the prime motivator of human behavior.

Safety. Safety needs are concerned with how safe and secure people feel in their environment, how protected they feel from outside forces. Needs and problems in this area cover the home, neighborhood, safety and security while on the job, financial worries, and transportation difficulties. Maslow (1954, p. 87) states that the healthy, normal fortunate adult in our society is largely satisfied in the area of safety needs. Needs in this area are generally the active and dominate motivating force in times of emergencies. When a state of homeostasis or satisfaction exists, attention is turned toward the next higher need area.

Love and Belonging. Needs in this area are related to loving and being loved, and both the giving and receiving of love. The motivation here is that of having a significant person in one's life. Being a member of a social group and the concomitant needs for acceptance are grouped into this category. If man's needs in this category are being met, they take on less of an importance, become less of a motivating force, and the next category of needs increases in strength as a motivator.

Self-Esteem. Self-esteem needs are motivators to action which result in a feeling of pride in one's self, the need to be recognized for one's accomplishments. Maslow states: "All people in our

society...have a need or desire for a stable, firmly based, usually high evaluation for themselves, for self-respect, or self-esteem, and for the esteem of others" (1954, p. 90). Maslow also comments on the necessity to base self-esteem on "deserved respect from others rather than on external fame or celebrity and unwarranted adulation" (p. 91).

Self-Actualization. This area includes the feelings and activities that allow us to be all we can be. Self-actualization was first coined by Goldstein (1939) but is used by Maslow and by his researcher in a more limited fashion to refer to man's desire for self-fulfillment. Self-actualization is less of a state and more of a direction of movement. The term "peak" or religious experience is often used in connection with self-actualization. This category includes concepts like justice, liberty, and equality. Activities in the self-actualization category are more varied and personalized than in the other need and problem areas. Some people seek self-actualization experiences through contact with people or nature, while others might find art, music, or even politics to be the fitting activity for self-growth.

Higher and Lower Order Needs

In a 1948 article Maslow laid down the differences between "higher" and "lower" needs. The lower order needs are in the physiological and safety categories, while higher order needs are included in the categories of love/belonging, self-esteem, and self-actualization. This two-level system has been operationalized by Mitchell and Moudgill(1976). Analysis of data obtained from administering a ten item needs questionnaire to a sample of accountants, engineers,

and scientists indicated the existence of a two level hierarchy (security needs and higher needs). Further support for a two-level hierarchical system of needs has come from Barnes (1960), Harrison (1966), and Lawler (1973). Statistical evidence is also indicated in the work of Wahba and Bridwell (1974). Maslow (1948) delineates higher and lower needs in several ways:

1. "The higher the need the less imperative it is for sheer survival, the longer gratification can be postponed, and the easier it is for the need to disappear permanently" (p. 434). With the higher needs there is not the urgency for fulfillment that we see with the lower needs. They will most always fall to the lower priority when lower order needs or concerns present themselves. Also, when one is deprived of the higher needs there is not the "desperate defense and emergency reactions" (Maslow 1948, p. 343) that often accompany the needs and concerns at the physiological and safety levels.

2. Higher needs do not always present themselves clearly. "They are less perceptible, less unmistakable, more easily confounded with other needs by suggestions, imitations, by mistake, belief or habit" (p.434). This makes higher order needs more difficult to articulate. As Maslow points out, the ability to understand what one's needs really are, and to know what one wants, is always a considerable achievement. To have this ability in the area of higher order needs is an even greater accomplishment.

3. "Higher need gratifications produce more desirable subjective results, i.e. more profound happiness, serenity, and richness of inner life" (p. 434). Lower order needs, when satisfied, seem to lead only

to feelings of relief, relaxation, homeostasis. Counselors will most likely see the greatest client change when counseling efforts result in satisfying higher order needs.

4. The higher needs have more preconditions than the lower needs (Maslow, 1954). Because the need system proposed by Maslow (1943, 1954) is prepotent, much more has to be attended to before the higher needs are brought to conscious awareness. For example, satisfying the need to be accepted by a group (self-esteem) required that many more factors fall into place than when the need/concern is centered around the feeling that one's home is free from break-ins (safety),

5. "The pursuit and gratification of the higher needs have desirable civic and social consequences" (p. 435). Society benefits when a person is living in a way that satisfies his higher needs. Others are involved in this satisfaction process, and others benefit. Loyalty, friendship, and civic consciousness are fostered in the effort to satisfy one's own higher needs.

6. Satisfaction of higher needs is closer to self-actualization. People who are successful at meeting their higher needs are more likely to exhibit the qualities of self-actualizing people. Examples of these qualities are: more efficient perception of reality, self-acceptance, spontaneity, detachment, need for privacy, and creativeness, (Maslow 1954). People satisfying higher needs are also living in a way that improves the general quality of life. The activities which move people toward self-actualization also increase love for oneself. As Fromm (1941) states, love for oneself is synergic with, rather than antagonistic to, love for others.

Several researchers have attempted to use Maslow's hierarchy as a framework for assessing needs (Goldberg, 1967, Hall & Nougain, 1968 Porter, 1971). However, few have sought to validate the theory. Lollar (1974) is one researcher who attempted to validate and operationalize Maslow's theory. The Needs Satisfaction Schedule (Lollar, 1974) was used with a sample of 200 delinquent adolescents to measure psychological, physical safety and security, affection, and self-esteem needs. A statistical treatment of the data indicated that the hierarchy did occur in a generally pronounced manner. Nomological validity using Campbell's (1969) criteria was indicated.

Lawler and Suttle (1972) attempted a causal correlational test of the need hierarchy concept using the Porter (1961) questionnaire. They collected longitudinal data on 187 managers in two business organizations. Data analysis indicated little support for the idea of a multi-level needs hierarchy. However, there was support for a two-level (higher needs, lower needs) hierarchy. Lawler and Suttle concluded their study by saying, "Despite the lack of empirical support for the idea of a multi-level hierarchy of needs, it is far too early to give up on the idea that some kind of hierarchy exists" (p. 284).

Goodman (1968) studied the three middle-need levels in Maslow's hierarchy using a sample of engineers and assembly workers. He found no evidence of a hierarchical system of needs in the work setting. He explained this results by stating that when a job offers "no real hazards, reasonable security, and a good level of interaction opportunities, no one level of hierarchy will predominate" (Goodman, 1968, p. 57).

Mitchell and Moudgill (1976) attempted to measure Maslow's hierarchy by administering a ten-item instrument to a total of 892 professionals employed in public and private organizations in Canada. Their results showed support for Maslow's five-category concept. These results represent a "reasonably successful operationalization of Maslow's construct" (343). This study accepted the face validity of Maslow's hierarchy and hoped to show a difference in strength of higher and lower order needs over time.

Needs Assessment Instruments in Gerontology

This section reviews the predominant needs assessment instruments in the field of gerontology today.

Havens (forthcoming) provides an excellent review of the needs assessment instruments currently being used. The criteria for including an instrument in the review were the following: 1) the instrument had to have been designed for the purpose of assessing a multiple of needs, and 2) the instrument must have been tested on a sample of the older population. Instruments reviewed were grouped into three categories: those that were designed community-specific, those with a national focus, and those with a broader potential of applicability.

Community-Specific Needs Assessment Instruments

Elderly Needs Assessment. This instrument was a result of the Northern Kentucky Area Development study of 1976. It assessed, by means of a telephone survey, the following need areas: transportation, housing, health, nutrition, and recreation. There have been no reported validity or reliability data.

Needs Assessment Interview Schedule for Colorado Elderly. Developed by the Center for Social Research and Development (1974) at the University of Denver, this instrument was designed to measure the following variables: housing, transportation, employment, income and expenditures, health and medical care, food and nutrition, and social activity and relationships. In addition, respondent's perception of helping resources were assessed. Unfortunately, reliability and validity have not been appropriately determined. There are no reported data on its use.

Older Persons Counseling Needs Survey. This instrument was developed by Myers (1978) and field tested on 850 older persons throughout the state of Florida. The validity and reliability data on the OPCNS encourage its use as a need assessment instrument. There are many useful items. There is no apparent theoretical foundation.

Study of the Economic and Social Needs of Elderly Americans in Non-Metropolitan Areas: A Pilot Study. This instrument was developed by Powell County, Kentucky (Larson and Yomans, 1975) to assess: housing wants and needs, health status, level of activity and extent of social isolation, transportation, economic well being, and service needs of an outreach center. The target population was limited to the non-metropolitan elderly. There are no reported data on use.

Needs Assessment Instruments with a National Focus

Myth and Reality of Aging in America. This questionnaire was developed by Louis Harris and Associates in 1975. It was not specifically designed to measure needs but does contain some useful personal problem items. For needs assessment purposes, only parts of this instrument are relevant.

Improving the Quality of Life. This instrument was developed for a study aimed at identifying opportunities for improving the quality of life of older age groups. Authored by Flanagan and Russ-Eft (1976a, 1976b), this instrument only measured the variable "quality of life." It remains untested in a full survey, with validity data unavailable. While there is no theoretical basis, there are some useful items.

Instruments with Potential for a Broader Applicability

Health Care Needs. Branch and Fowler (1975) studied the health care needs of the elderly and the chronically disabled. They used an interview format which considered the following variables: transportation, food shopping, personal care, social contact, food preparation, housekeeping, emergency assistance, social interaction, and medical/paramedical assistance. This instrument does a fair job of assessing needs in the aforementioned area, but is limited in scope.

O.A.R.S. This multidimensional functional assessment instrument was developed at Duke University (Pfeiffer, 1975). Variables include: physical health, mental health, social resources. The variables which seem to be assessed most accurately are economic resources, and activities of daily living. But again, this instrument has too narrow a focus for this study.

Older Americans Status and Needs Assessment Survey. Developed for the RMC Research Corporation in 1975 by Burkhardt and Lewis, this interview questionnaire was designed to reflect local variations in existing programs (A.O.A., 1974). Variables are: income, transportation, crime (or protection), isolation, health care, spare time, and

home repair. This instrument covers a broader area of variables than most other assessment instruments. There has been no formal validity and reliability testing. There does seem to be convincing face validity.

Social Indicators for the Aged. Developed at the Institute for Inter-Disciplinary studies in 1971, this instrument offers no reliability or validity data. It is however, widely used.

Meeting Community Needs. This instrument was developed by Kahana (1972, 1974), and had a lengthy interview format which requires the use of skilled interviewers. The variables are: perceived health and status needs, perceived financial needs, perceived need for services, cognitive function, vulnerability relative to purchasing, community discrimination, governmental services, neighborhood problems, social network exchange, and utilization patterns. The reliability data are unreported, and the instrument is possibly too specifically designed for the urban populations.

Resources Ability to Meet Needs. This instrument was developed by Havens and Thompson in 1977 (MDHSM, 1973-77) and deals with the effectiveness of agencies to meet the needs of their clients. It is lengthy, taking approximately 1 hour 15 minutes for an initial interview and an additional 1 hour and 45 minutes for a telephone interview follow-up. Variables are: psycho-social, shelter, household maintenance, food and clothing, ethno-cultural, physical health and functioning, economic, accessibility, and availability of resources. This instrument is not meant to be used for client evaluation but does give insight into instrument construction for the purpose.

After reviewing the needs assessment instruments currently in use in the field, this researcher concluded that there appears to be no available instrument which attempts to assess the needs of older Americans over the broad range of human concerns considered in this study. Additionally, this researcher was unable to locate any needs assessment instrument currently in use in the field of gerontology which claims a theoretical base in its construction. These findings underscore the importance of this study by pointing out: 1) the need for new assessment instruments which meet the challenge of understanding the broad spectrum of human needs and problems, and 2) the present lack of theoretical consideration in constructing needs assessment instruments for use in gerontology and gerontological counseling.

Summary

The elderly have been with us always, but not in any great numbers until recently. Prior to the 20th century there was little or no scientific concern for this segment of our population. Early research was weak in methodology and targeted heavily on the institutionalized older American, giving rise to the false belief that one's later years would necessarily be fraught with decrements, infirmities, and loss of independence. Of today's 22 million older Americans, only 5% are institutionalized.

The 1960's brought a surge of interest in the field of gerontology. As a result, an awareness began to grow that the mental health needs of older Americans were being seriously neglected. Literature in the area of counseling the elderly is scarce, and programs of service are either non-existent or slow in coming.

The myths of aging were found to pervade the entire American culture. Ageism, R.N. Butler's term for all stereotypes, and negativities about aging, was a two-edged sword that not only placed older Americans in a subjugated position, with feelings of worthlessness and poor self-esteem, but also invested the general population with the expectation that the same decrements and infirmities of life would befall them when they were old. Helping professionals too have not been immune to the effects of ageism. As a result there has been little professional involvement in the field of gerontological counseling. The older American population increases at the rate of 500,000 each year, yet in many communities counseling services for the elderly are still non-existent. The majority of students enrolled in counselor education programs as of 1975 did not have the opportunity to take a course designed especially for counseling the elderly.

The assumption cannot be made that all Americans will grow old gracefully, with feelings of self-worth. Life-coping strategies of the past are often inadequate today when older Americans are faced with multiple crises in their later years.

Attempts to understand aging in a theoretical light have also been inadequate. Neither the activity theory, which assumes any decrease in a person's activity level will lead to a series of negative changes for the older person, nor the disengagement theory, which assumes a decrease in social interaction to be healthy, can be said to adequately deal with the total adjustment of the older American. On the other hand, Maslow's theory of human needs provides an excellent system for examining the needs and problems of older Americans over a broad spectrum of human concerns.

This review of the literature was unable to locate to any assessment instrument currently in use in the field of gerontology, that deals with the total range of human needs and problems. Therefore, Maslow's hierarchy of needs theory became a key component in designing a research questionnaire aimed at increasing the knowledge of needs and problems of older Americans. Maslow's theory allows for a systematic exploration of needs and problems as well as a clear format for treating the resulting data. Findings from this research add to the growing body of knowledge of the life-long process of aging and development in America.

CHAPTER III

METHODOLOGY

The purpose of this study was to demonstrate the application of the theoretical framework proposed by Maslow (1954) in increasing understanding of the needs and problems of older Americans. More specifically, an instrument was developed for gathering needs and problem data over a broad spectrum of human concerns. Most available needs assessment instruments in use in the field of gerontology today either have not been adequately tested for validity and reliability, or are too narrow in their focus to be of use in this study. This research offers a much needed instrument which can be used to help clarify and further develop the understanding of psycho-social aging and development in America.

The research questions investigated in this study are:

1. What are the needs and problems of older Americans?
2. How do the strength and arrangements of these needs and problems change over time?
3. Do these needs and problems vary by specific demographic variables?
4. What are older Americans' attitudes toward being involved in counseling?

5. Does the older American population differ from the younger in ranking lower (physiological, and safety) needs, and higher (love/belonging, self-esteem, and self-actualization) needs?
6. With regards to life satisfaction, how do older Americans differ from other age groups in the direction they see their lives taking from five years in the past to five years in the future?

Subjects

The two variables that set participants in this study apart from the general population were an interest in the field of education as a vocation, and a higher than average level of education. Both variables were selected in order to increase the similarity among the groups and improve the usefulness of the research findings in making inferences about changes in needs, problems, and life satisfaction over time.

The subjects in this research were obtained from a random sampling of three independent populations: 1) undergraduates who were seniors in the College of Education, University of Florida, 2) educators aged 35-50 working at the University of Florida or in the Alachua County (Florida) public school system, and 3) educators over 65 years of age who retired from either the Alachua County public school system or the University of Florida. Added to this last category, but not randomly selected, were 17 Black Americans

retired from the faculty of Florida A & M University, and 9 members of the Visionnaires, a Black women's social group composed mostly of retired Alachua County school teachers. These two subsamples were included in the study in order to increase the possibility of a larger number of minority participants.

Seniors in the College of Education

Using a table of random numbers, a sample of 230 names and addresses was taken from the official computerized enrollment of the College of Education, University of Florida. Listed were the current students enrolled in classes for the Spring term, 1979. The register contained 1750 names, 541 of which were classified as seniors.

Working Educators aged 35-50

This sample of 230 working educators consisted of 115 names taken randomly from the official computerized personnel list of Alachua County teachers. The list, which includes date of birth, was obtained from the personnel office of the Alachua County School Board and contained a total of 1300 names and addresses -- 344 individuals were between the ages of 35 and 50. This sample also included 115 University of Florida faculty members, aged 35-50 whose names and addresses were randomly selected from the computerized records of the Office of Academic Affairs, University of Florida. Of the approximately 2700 faculty members of the University of Florida, 1367 were aged 35 to 50.

Retired Educators

The names and addresses of 115 persons who were members of the Alachua County Retired Teachers Association were randomly chosen

from the 191 names listed in the current (1979) year book. Persons eligible for membership in this organization were retired superintendents, supervisors, principals, and teachers who live close enough to Gainesville, Florida to attend the monthly meetings. Another 115 names were randomly selected from the current (1979) membership list of the Retired Faculty of the University of Florida. The membership list contained the names and addresses of 235 individuals who had retired from the faculty of the University of Florida. The list was obtained from the secretary of the organization. Also included were 17 persons identified by the Personnel Office, Florida A & M University, as being retired faculty members, and 9 members of the Visionnaires, a woman's social group in Gainesville, Florida. Both of these populations were composed of retired Black educators and were included to increase the total number of Black Americans sampled.

These three populations were chosen to represent three important periods on the continuum of psycho-social aging and development: Adolescence (college seniors), Maturity (working educators), and Senescence (retired educators) (Pikunas, 1976).

Maslow's hierarchical theory of human needs (1954) is the theoretical foundation that was utilized in developing the questionnaire employed in this research. Some of the need areas conceptualized by Maslow are often difficult to articulate, e.g., self-actualization. The selection of subjects with an above average level of education increased the probability of an accurate understanding of the questionnaire items. By utilizing subjects with a vocational interest in the field of education this researcher increased the chance of previous

exposure to the ideas of Maslow. These ideas are often part of course work in learning theory or the psychological foundations of education. A higher than average level of education, previous exposure to the work of Maslow, and a common interest in education as a vocation are all seen by this researcher as variables that increased the validity of this study.

Development of the Instrument

As indicated by the literature review, there currently exists no appropriate instrument for assessing the needs of the older American over the total needs spectrum. Therefore, a necessary and important part of this research was the development of the Survey of Needs and Problems (SNAP) questionnaire. The SNAP was designed to provide the following information:

1. Specific demographic data.
2. The types and intensity of needs and problems experienced by individuals.
3. A measure of attitude toward being involved in counseling.
4. A measure of life satisfaction, five years in the past to five years in the future.

The items indicating respondent needs and problems are of two types: 1) statements of need or problem followed by a Likert-type scale, and 2) open-ended statements. The Likert-type scale items have the following five response choices: very serious problem for me, somewhat serious problem for me, hardly any problem for me, true but no problem for me, and not true for me. These statements of need or problem are grouped and considered according to the needs categories

used by Maslow (1954). The categories are: physiological, safety, love/belonging, self-esteem, and self-actualization. At the end of each section space is provided for subjects to list any other needs or problems that they might have in that specific area.

The following procedures were used in the systematic development of the SNAP questionnaire:

Generation of Items

A review of the literature on the needs and problems of older Americans was conducted and the findings were listed in statement form. Additional items were added by reviewing need assessment instruments currently in use in the field of gerontology. This comprehensive list of 100 needs and problems was combined with a list of 53 open-ended statements that was constructed to elicit either: 1) a response that related to a specific need area in the Maslow hierarchy, or 2) a response that might fall into any one of the need areas, depending on the respondent's frame of reference.

From a review of the literature on the works of Maslow, this researcher constructed concise definitions of each of the five need areas (Appendix A).

Item Validity

a panel of experts was chosen that was comprised of two advanced graduate students in counselor education, an advanced graduate student and a professor in the psychological foundations of education, and two senior staff counselors--all from the University of Florida. After establishing face or conceptual validity of the five need area definitions (Appendix A) with an agreement criterion of 100%, the

panel of experts was given the combined list of needs and problems and the open-ended statements (Appendix B), with instructions to check, for each item, the need area or areas into which subject responses might fall: physiological, safety, love/belonging, self-esteem, self-actualization, or all areas. Panel members unsure of how to rate an item could also check a category marked "don't know." Items categorized into one or all areas of the hierarchy with 85% agreement by the panel were included in the SNAP (Appendix C).

Reliability

The reliability of the SNAP questionnaire was verified by means of the test-retest method. Thirty subjects were randomly selected, ten from each of the three major populations to be sampled. Two administrations of the instrument took place no less than and not more than two weeks apart. Twenty subjects completed the retest administration. The reliability coefficient of the instrument (.62) was determined by analyzing the data from the two administrations. Using the Spearman r statistic from the Statistical Package for the Social Sciences (SPSS), the reliability of each need and problem item was determined at the .05 level of acceptance. Items found not reliable at this level were either revised or eliminated from the study.

Procedures

To 690 subjects (230 in each of the three major groups), a letter with an enclosed post card was mailed. The letter (Appendix D) introduced the study and asked for participation. Those willing to participate were asked to mail back the post card. The post card repeated the statement of informed consent which was in the letter,

and asked participants to fill in their signature and address. The return rate was 32.2% or a total of 222 post cards. When the researcher received the post card, the SNAP questionnaire, along with a pre-addressed stamped envelope was mailed to the address indicated. Of the 222 questionnaires mailed out, 205 or 92.3% were returned. The use of the short introductory letter and post card proved to be an excellent method of obtaining a commitment to complete and return the relatively lengthy (14 page) instrument.

Analysis of Data

After the SNAP questionnaire was administered and collected, the data received were transferred to code sheets. From these sheets the data cards for use in computer analysis were punched. The data were analyzed in the following manner:

Data from the need and problem items (SNAP pp 2-11) were analyzed using the appropriate programs chosen from the Statistical Package for the Social Sciences (SPSS). Item responses were given the following numerical value: 5-very serious problem for me, 4-somewhat serious problem for me, 3-hardly any problem for me, 2-true but no problem for me, and 1-not true for me. All items were subjected to 4 post hoc multiple comparison analyses (3-way ANOVA). Those items showing a substantial difference in mean scores at the 0.05 level of significance were further analyzed in a one-way ANOVA using Tukey's test for an Honestly Significant Difference. Mean and standard deviation scores were reported. Additional analysis provided the percentage of responses by item for each response category.

Data on the item rating the relative importance of the five need areas (SNAP p. 12) were analyzed by response percentages using

frequency tables taken from the SPSS computer program.

Data from the item on attitude toward being involved in counseling (SNAP p. 13) were analyzed within a multiple comparison analysis (counseling attitude x purpose of life x group membership). Items showing a significant difference at the 0.05 level were further analyzed in a one-way ANOVA using Tukey's test for an Honestly Significant Difference. Response percentages were also reported.

Data from the open-ended items (SNAP p. 13) were too varied to allow for direct reporting of responses. Hence, a comprehensive categorization scheme was designed by the researcher to permit the data to be reported in a communicative fashion:

<u>Item Number</u>	<u>Categorization of Responses</u>
2, 15, 24 13	1. Focused on self 2. Focused on others
3, 5, 8, 10, 14, 20, 22	1. Positive response 2. Negative response 3. Neutral response
4, 8, 12, 19, 23	1. Physiological need 2. Safety need 3. Love/Belonging need 4. Self-esteem need 5. Self-actualization need
1, 21	1. Focused on spouse 2. Focused on family 3. Focused on friends 4. Focused on community, nation world, or organizations

The data were tabulated by frequency of response and compared among groups according to specific demographic data, using a one-way analysis from SPSS.

The life satisfaction scale data were analyzed by coding the numerical value of the response (SNAP p. 14) for each of the ten years.

Possible values ranged from 10 (highest high--things could not be better) to 1 (lowest low--things could not be worse). Means and standard deviations were calculated for each group and displayed in graph form.

The results of these statistical procedures are located in the appropriate tabular and graphic forms, and are discussed in Chapter IV. Conclusions and suggestions for further research are presented in Chapter V.

Possible Limitations

Possible limitations of the study may be discussed in terms of sampling, procedures, adequacy of instrumentation, and response errors.

The selection of highly educated and intelligent people introduced a possible selection bias, since the characteristics of these subjects are different from the characteristics present in the general older American population. This situation potentially limits the extent to which results may be generalized to the entire cohort group of older Americans.

The sampling procedures discussed in Chapter III introduced additional possible limitations. Persons contacted to participate in this study were taken from a population that lived in and around a medium-sized city located in north central Florida. By limiting subjects to this geographical area, certain response biases may have been introduced in the resulting data.

All three subject groups were chosen for their common interest in the field of education. Yet, because of the age and cultural differences that exist among the three groups, there may have been a

wide range of reasons for making this vocational choice. It cannot be assumed that the homogeneity of these three groups is necessarily increased simply by selecting persons who have made a common vocational choice.

The procedures represent a second source of possible bias in the results. Many of the SNAP items were stated in the negative and may have generated a response bias. In addition the test-retest reliability coefficients for the SNAP questionnaire may have been influenced by the sample selected. It is possible that the use of a different group of subjects might have resulted in a lower reliability coefficient.

The third source of possible error was involved in the preparation and processing of the computer data. Although the key punched cards were checked for accuracy, errors may have occurred and gone undetected.

CHAPTER IV

RESULTS

Chapter IV reports the results of the analysis of data gathered by means of the Survey of Needs and Problems. Results are presented in the following order: Research Sample, Reliability of the Survey of Needs and Problems, Procedures, and Answers to the Research Questions. Appropriate tables accompany the discussion or are included in the appendices.

Research Sample

A total of 690 persons was contacted by mail and asked to participate in this study. To the 222 persons (32.2%) who were willing to do so, the Survey of Needs and Problems (SNAP) questionnaire was mailed, along with a stamped pre-addressed envelope. The return rate was 92.3% or 205 persons.

The study population ranged in age from 20 to 91. Although special efforts were made to increase the possible number of minority participants by sampling persons known to be Black Americans, the research population included only 18 persons of an ethnic minority race (9 retired educators, 5 working educators, and 4 senior students). This racial composition represented a percentage of all three research groups that is very close to the figures characterizing the minority race make-up of the state and nationwide older American population. Osterbind (1977) has estimated that ethnic minorities represent 8.0% of Florida's over-60 population. The national figure is 9.3% (Califano et. al., 1978).

The primary criterion for including individuals in this study was membership in one of three groups which are described in the following sections.

Seniors in the College of Education, University of Florida

From the initial inquiry addressed to 230 seniors in the College of Education, 48 or 20.9% completed the SNAP questionnaire. Table 2 presents demographic data for this group of students and allows for reader comparison with the other groups in the study.

Of the 48 students comprising the senior student group, 11 (22.9%) were male and 37 (77.1%) were female. This group ranged in age from 20 to 38 years of age. There were 4 people over the age of 25. The average age was 22.4.

Over half the students (52.3%) reported having an A.A. degree. The sampling of this senior student population took place two weeks before the end of the 1979 spring quarter. Many of these students viewed themselves as already having earned their bachelor's degree and 31.8% responded accordingly.

Most students (83.3%) had never been married. Only 7 (14.6%) were married and none were divorced; one had remarried.

Two thirds (66.7%) lived with a non-relative. Those who lived with spouse or partner (16.7%) comprised the second largest category. Ten percent of the students owned their own home or apartment and, as could have been expected, most (66.7%) rented either a home or an apartment.

This study included participants who lived in and around Gainesville, Florida, a medium-sized city in the north central

part of the state. In responding to the question of location, the great majority (83%) stated that they lived in a medium-sized city or suburb. The next largest group (12.8%) responded with the category "town." Only 1.2% responded by saying they lived in either a big city or a rural area.

As might have been predicted, the students' income was, on the average, the lowest of the three groups. Most (80.9%) made less than \$5,000 a year.

Working Educators

Working educators comprised the second largest group in the study (N=59). Of the original 230 persons in this group who were asked to participate, 25.7% completed and returned the SNAP questionnaire. More males (N=34) than females (N=25) completed and returned the questionnaire. The same was true for the retired educators' group (M=59, F=43). Table 2 presents several demographic variables for the working educators' group in a way that allows for comparison with the other two groups of subjects in this study. The educational level for working educators was higher than for either the senior students or the retired educators. The majority (76%) had over 6 years of college education and 85% reported a master's degree or higher (47% had a Ph.D. degree). A larger percentage of working educators (78%) was married than was true for either the senior student or retired educator group. About 1 out of 7 (15.3%) had never married, and 13.6% lived alone.

Responses to the questionnaire item regarding living arrangements proved difficult to interpret. "Family" was likely to mean

Table 2

Demographic Data for the Research Population: Students, Working Educators and Retired Educators

Item	Senior Students		Working Educators		Retired Educators		
	Absolute Response Frequency	%	Absolute Response Frequency	%	Absolute Response Frequency	%	
Educational Level							
H.S. Diploma	2	4.2			4	4.8	
Years of College	3	29	60.4	2	3.7	2	2.4
	4	16	33.3	4	7.4	14	16.7
	5	1	2.1	7	13.0	11	13.1
	6			14	25.9	14	16.7
	7			2	3.7	10	11.9
	8			11	20.4	15	17.9
	9			7	13.0	12	14.3
	10			7	13.0	2	2.4
Highest Degree							
H.S. Diploma	6	13.6	1	1.8			
AA	23	52.3	1	1.13	1	1.1	
BA or BS	14	31.8	6	10.5	20	21.5	
Master's	1	2.3	16	28.1	36	38.7	
Ed.S.			6	10.5	1	1.1	
Ph.D.			27	47.4	35	37.6	
Marital Status							
Married	7	14.6	42	71.2	62	63.3	
Remarried	1	2.1	4	6.8	4	4.1	
Divorced			3	5.1	4	4.1	
Never Married	40	83.3	9	15.3	4	4.1	
Widowed			1	1.7	24	24.5	
Living Arrangement							
Live Alone	3	6.3	8	13.6	26	26.5	
Non-Relative	23	66.7	3	5.1	1	1.0	
Spouse/Partner	8	16.7	20	33.9	63	64.3	
Family	5	10.4	28	47.5	8	8.2	

Table 2-continued

Item	Senior Students		Working Educators		Retired Educators	
	Absolute Response Frequency	%	Absolute Response Frequency	%	Absolute Response Frequency	%
Live Where						
Own Home or Apt.	5	10.4	49	84.5	93	94.9
Rent Room	1	2.1				
Rent Home or Apt.	32	66.7	6	10.3	3	3.1
Relative's Home or Apt.	4	8.3				
Other	7	12.5	2	3.4	2	2.0
Location						
Big City	1	2.1	2	3.4	3	3.1
Medium City	39	83.0	43	72.9	71	74.0
Town	6	12.8	9	15.3	10	10.4
Rural or Country	1	2.1	5	8.5	12	12.5
Income						
0-\$5,000	38	80.9			3	3.1
5-\$10,000	7	14.9	1	1.7	31	74.0
10-\$15,000	2	4.3	9	15.3	10	10.4
15-\$25,000			26	44.1	12	12.5
\$25,000 +			23	39.0		

parents to a college senior, and/or wife and child to a working educator. If these categories are combined, the majority (81.4%) of working educators lived with either spouse or family. These two categories also provided for the greatest response (72.5%) of retired educators; although, again, "family" to a retired educator may have meant living with one's children.

Most (84.5%) working educators owned their home, and about 10.3% rented either a home or an apartment. Responses to the location of residence item presented a very similar pattern to that of both the senior students and retired educators. Most (72.9%) lived in a medium-sized city, while the next largest response category was for those living in a town (15.3%).

Working educators had the largest salaries of any group. The majority (83.1%) reported an annual salary of over \$15,000 and only 1.7% indicated an income of less than \$5,000.

Retired Educators

This population was comprised of 55 males and 43 females who were between the ages of 51 and 91. There were 4 people below the age of 60 and 6 people above the age of 80. The mean age was 69.6.

As Table 2 indicates, approximately 63.1% of the retired educators had at least two years of formal education beyond a four year degree. While this percentage is not quite as high for the working educators (76.9%), it is far above the national figure for the older American Population. As of 1977, about 8% of all older Americans had a four-year college degree (Prior, 1977). A four-year college degree was held by 98.9% of the retired educators in this study.

Over one third (37.6%) of the retired educators held the degree of Doctor of Philosophy.

Most retired educators in this study were married (63.3%) with "widowed" being the next largest category of response (24.5%). Over half (64.4%) lived with their spouse or partner and 26.5% lived alone. The majority (74.0%) of retired educators lived in a medium-sized city or its suburb. Another 10.4% lived in a small town and 12.5% lived in the country or a rural area.

The income level of retired educators was quite high compared to the average income of older Americans in general. The majority (75%) had an annual income in the \$5-10,000 range. Another 12.5% lived on an income of \$15-25,000 a year. These figures are higher than those reported for the total older American population: over half of all older Americans live on less than \$75.00 a week or \$3,900 a year (Butler & Lewis, 1977).

Nearly all (94.9%) of the retired educators in this study owned their own home or apartment. Very few (3.1%) lived in rental units, whether a home or apartment.

Reliability

The Survey of Needs and Problems (SNAP) is a 14 page needs assessment instrument with four sections. The first section on needs and problems presents 65 statements--each grouped into one of the five need/problem areas proposed by Maslow (1943, 1954). Each statement is followed by a Likert-type rating scale: 1) not true for me, 2) true, but no problem for me, 3) hardly any problem for me, 4) somewhat serious problem for me, and 5) very serious problem for me.

The second section of the SNAP asks respondents their personal preference or attitude toward being involved in counseling. The third section is a list of 23 open-ended statements, and the fourth section is a question regarding life satisfaction five years in the past to five years in the future.

A post hoc reliability analysis was conducted on the items in the first section of the SNAP. A Pearson r correlation provided a covariance matrix consisting of each item within a specific need/problem area. Reliability coefficients were expressed in terms of a standardized alpha score. Alpha levels greater than 0.80 are considered a measure of high homogeneity. The five need/problem areas of the SNAP had the following alpha values:

Physiological	0.84	Self-Esteem	0.90
Safety	0.72	Self-Actualization	0.80
Love/Belonging	0.89		

For all individual items in the first section of the SNAP questionnaire an alpha value was calculated which indicated what the alpha values for the need/problem area would be if that particular item was deleted. If alpha values rise as a result of the exclusion of the item it should be considered for revision or omission from the questionnaire. Only 2 items out of a field of 65 showed an increased alpha level when they were omitted from their respective need/problem area: safety item 2, "I don't know my way around where I live" and love/belonging item 13, "there is no honesty between us" (spouse or partner). However, both these items raised the alpha level by a value of only .01.

Procedures

Data analysis which sought to answer the research questions began with a one-way analysis (ANOVA) of the need/problem items of the Survey of Needs and Problems (SNAP) questionnaire. The one-way analysis by group membership--senior students, working educators, and retired educators--provided mean score responses on all 65 need/problem items. An alpha level of 0.05 was the criterion used for evaluating statistical significance throughout this research study.

A second perspective on responses to the 65 need/problem items was obtained by analyzing frequency of response using a program from the Statistical Package for the Social Sciences (SPSS). The resulting data were analyzed to determine which items had the highest percentage of responses in the Likert scale categories of (4) "somewhat serious problem for me," and (5) "very serious problem for me."

In order to conduct a thorough analysis of the data generated by the need/problem items, it was necessary to perform several post hoc multiple comparisons using a variety of demographic items as the independent variables.

Four separate multiple classification analyses (ANOVA) examined the need/problem items with respect to the following variables:

1. Location of residence x race x group membership
2. Living arrangement x sex x group membership
3. Purpose of life x attitude towards counseling x group membership
4. Group membership x income level x marital status

Where the F values for main effects were significant at the 0.05 level, further analyses were conducted. A one-way ANOVA was performed on the appropriate items in order to isolate the effects of the specific variables.

Data generated within each of the five need/problem areas of the SNAP--physiological, safety, love/belonging, self-esteem, and self-actualization--were analyzed to determine which item was considered the most important need or problem for each group of respondents. Subjects were encouraged to add their own need or problem items and these responses were analyzed to determine where, within the five need/problem areas, the greatest frequency of responses occurred.

In order to obtain a clear picture of the strength and arrangement of the need/problem areas rather than individual items, the researcher activated an SPSS program that reported pooled means by need/problem area for each group of respondents within the total study population.

Pooled mean data were utilized in comparing the relative strength of lower--physiological and safety--needs and higher--love/belonging, self-esteem, and self-actualization--needs.

Responses to the open-ended statement items (1-24) of the SNAP were coded in the following manner:

<u>Item number</u>	<u>Categorization of Response</u>
2, 15, 24, 3	1. Focused on self 2. Focused on others
3, 5, 8, 10, 14, 20, 22	1. Positive response 2. Negative response 3. Neutral response

<u>Item Number</u>	<u>Categorization of Response</u>
4, 8, 12, 19, 23	1. Physiological need 2. Safety need 3. Love/Belonging need 4. Self-esteem need 5. Self-actualization need
1, 21	1. Focused on spouse 2. Focused on family 3. Focused on friends 4. Focused on community, nation, world, or organizations

The data were tabulated by frequency of response and compared among groups according to specific demographic data, using a one-way analysis from SPSS.

The Survey of Needs and Problems item measuring life satisfaction asked participants to draw a line on a graph which represents their perception of how satisfied they have felt about their life in the past five years, how satisfied they feel today, and what they expect their life satisfaction to be like over the next five years. The range of possible responses was from 1, "lowest low--things couldn't be worse," to 10, "highest high--things couldn't be better." Mean scores and standard deviations were taken from a one-way analysis of the data on each response year.

Research Questions

Research Questions 1 & 2

What are the needs and problems of older Americans?
and

How do the strength and arrangement of
these needs change over time?

Because the senior student and working educator groups were included in this study to give a perspective for viewing the needs and problems of older Americans as well as to provide a cross-

sectional measure to assess the change in needs and problems over time, the above two research questions are treated simultaneously. Table 3 presents the need/problem items of the Survey of Needs and Problems questionnaire grouped into five need areas and presented, according to the hierarchical scheme proposed by Maslow (1954), physiological needs through self-actualization needs.

The grand mean score of each item represents the mean scores of all participants in this study. Mean scores are also presented for each group of subjects. The general picture presented by Table 3 is one of a relatively low range of mean scores for all three subject groups. Separate tables were compiled that ordered the mean scores for responses to all need/problem items by group membership. While the major focus of this research is the needs and problems of older Americans, tabular data on students (Table 4) and working educators (Table 5) are presented first in order to provide a frame of reference for changes in the needs and problems of older Americans over time. This is a classical example of the cross-sectional sampling approach used here to help further understanding of the life growth continuum.

Senior Students

Table 4 presents the mean score and standard deviation for the responses made by senior students in the College of Education. Mean scores for all 65 need/problem items were ranked according to subject responses which indicated the seriousness of the item as a problem. The mean scores ranged from a low of 1.00--physiological item 17, "I have a hearing loss," and physiological item 19, "I

Table 3

Need/Problem Item Responses of Study Population by Group Indicating Grand Means, Group Means and Significance of F.

Item	Grand Mean Total	Senior Students	Working Educators	Retired Educators	Significance of F
Physiological					
1	2.0	2.49	2.40	1.94	.42*
2	1.88	1.85	1.83	1.93	.440
3	1.82	1.83	1.88	1.79	.826
4	1.60	2.00	1.60	1.40	.016*
5	2.16	2.34	2.40	1.91	.041*
6	1.35	1.85	1.28	1.15	.000*
7	1.44	1.85	1.47	1.22	.001*
8	1.41	1.31	1.45	1.45	.991
9	1.68	1.50	1.57	1.85	.129
10	1.52	1.63	1.53	1.46	.464
11	1.88	2.22	1.75	1.34	.000*
12	1.65	1.23	1.42	2.00	.000*
13	1.41	1.38	1.44	1.42	.344
14	1.47	1.73	1.39	1.40	.312
15	1.25	1.15	1.15	1.35	.057
16	1.27	1.13	1.19	1.39	.252
17	1.63	1.00	1.45	2.04	.000*
18	1.75	1.39	1.47	2.10	.000*
19	1.18	1.00	1.08	1.34	.010*
20	1.75	1.24	1.37	2.20	.000*

Table 3 - continued

Item	Grand Mean Total	Senior Students	Working Educators	Retired Educators	Significance of F
Physiological					
21	1.22	1.32	1.33	1.13	.259
Safety					
1	1.99	2.54	1.80	1.82	.005*
2	1.11	1.23	1.03	1.09	.062
3	2.19	2.29	1.79	2.29	.209
4	3.19	3.27	3.17	3.17	.657
5	1.88	1.79	2.14	1.77	.099
6	2.00	2.58	1.81	1.81	.011*
7	1.53	1.93	1.44	1.36	.090
8	2.26	2.71	2.10	2.12	.029*
9	3.36	3.44	3.59	3.13	.114
Love/Belonging					
1	2.09	2.43	2.14	1.88	.108
2	1.64	1.59	1.71	1.62	.300
3	1.71	2.09	1.80	1.47	.006*
4	1.85	1.93	1.80	1.84	.852
5	1.67	1.78	1.86	1.49	.085
6	1.60	1.42	1.60	1.69	.144
7	1.80	2.00	1.92	1.64	.320
11	1.60	1.47	1.92	1.45	.032
12	1.44	1.50	1.62	1.30	.172

Table 3 - continued

Item	Grand Mean Total	Senior Students	Working Educators	Retired Educators	Significance of F
Love/Belonging					
13	1.23	1.11	1.38	1.18	.066
16	1.53	1.67	1.53	1.46	.667
17	1.39	1.58	1.39	1.30	.376
18	1.43	1.58	1.44	1.35	.563
19	1.90	2.33	1.74	1.78	.106
22	1.56	1.65	1.56	1.46	.422
23	1.55	1.63	1.66	1.44	.323
24	1.46	1.73	1.47	1.32	.080
25	1.78	1.58	1.97	1.76	.191
Self-Esteem					
1	2.06	2.44	2.29	1.72	.004*
2	1.45	1.52	1.32	1.49	.484
3	1.46	1.73	1.54	1.28	.020*
4	1.75	2.25	1.80	1.47	.002*
5	1.77	1.92	1.58	1.81	.374
6	1.54	1.81	1.64	1.35	.023
7	1.98	2.65	2.14	1.55	.000
8	1.39	1.58	1.42	1.26	.224
9	1.99	2.71	2.03	1.60	.000
10	1.71	1.83	1.71	1.64	.897

Table 3 - continued

Item	Grand Mean Total	Senior Students	Working Educators	Retired Educators	Significance of F
Self- Actualization					
1	1.84	1.33	1.94	2.04	.001*
2	2.15	2.06	2.33	2.09	.328
3	1.65	1.56	1.69	1.67	.666
4	1.70	1.85	1.75	1.59	.430
5	1.81	1.92	1.95	1.66	.211
6	2.17	2.27	2.47	1.91	.013*
7	1.58	1.52	1.69	1.53	.457

*Significant at 0.05 level

Table 4

Senior Student Responses to the Survey of Needs and Problems Ranked by Mean Scores

Subscale	Item	Mean	S.D.
Safety	9. My expenses are increasing	3.44	1.45
Safety	4. I worry about the state of the Nation	3.27	1.09
Safety	8. I worry about war	2.79	1.20
Self-Esteem	9. I fear failure	2.71	1.35
Self-Esteem	7. Criticism threatens me	2.65	1.14
Safety	6. I fear bodily harm	2.60	1.19
Safety	1. My neighborhood is unsafe	2.54	1.17
Love/Belonging	1. I have trouble getting out and meeting people	2.50	1.30
Physiological	1. I don't exercise	2.48	1.41
Self-Esteem	1. I don't like how I look	2.44	1.27
Love/Belonging	19. (family) I cannot confide my deep feelings	2.33	1.48
Physiological	5. I don't get enough recreation	2.31	1.39
Safety	3. I fear being robbed	2.29	1.29
Self-Actualization	6. To grow as a person requires change but changes are hard for me	2.27	1.27
Self-Esteem	4. I feel inferior to others	2.25	1.31

Table 4 - continued

Subscale	Item	Mean	S.D.
Love/Belonging	3. I don't have a sense of belonging to my community	2.09	1.07
Self-Actualization	2. I don't express myself creatively	2.06	1.19
Safety	7. I have a fear of relocating or of being relocated	2.00	1.25
Physiological	4. My air is bad or polluted	1.95	1.25
Love/Belonging	4. I don't visit or get visited enough	1.96	1.67
Love/Belonging	7. I need to find others my age with whom to share recreational activities	1.94	1.17
Self-Esteem	5. I don't feel useful enough	1.92	1.29
Self-Actualization	5. I have no feelings of spiritual growth	1.92	1.11
Physiological	6. My drinking water is bad or polluted	1.85	1.15
Physiological	7. I don't eat well balanced meals	1.85	1.11
Physiological	2. I don't sleep well	1.85	1.16
Self-Actualization	4. I don't live in terms of my values	1.85	1.22
Self-Esteem	10. I feel inadequate	1.85	1.14
Physiological	3. I have dental problems	1.81	1.10
Self-Esteem	6. I don't get enough attention or recognition	1.81	1.04
Safety	5. My house is not secure	1.79	1.03

Table 4- continued

Subscale	Item	Mean	S.D.
Love/Belonging	5. I need to find others my age with whom I can share mutual concerns	1.79	1.03
Love/Belonging	24. (Friends) No sense of trust	1.73	1.12
Self-Esteem	3. I am not appreciated	1.73	1.09
Physiological	14. It is too noisy where I live	1.73	1.11
Love/Belonging	16. (Family) Not enough love	1.67	1.21
Love/Belonging	22. (Friends) not enough affection	1.65	1.12
Love/Belonging	2. I have no one with whom I can share my deep feelings	1.65	1.25
Love/Belonging	23. (Friend) No sense of belonging	1.63	1.08
Physiological	10. I don't use preventive medicine	1.62	0.91
Love/Belonging	18. (Family) No sense of trusting	1.59	1.09
Self-Esteem	8. I have low status in the eyes of others	1.58	0.96
Love/Belonging	25. (Friends) Cannot confide deep feelings	1.58	1.05
Love/Belonging	17. (Family) No sense of belonging	1.58	1.07
Self-Actualization	3. I have no sense of mission in my life	1.56	1.01
Physiological	21. My residence is not made in a way that suits my needs	1.53	1.14
Self-Actualization	7. I have no wonderful feelings about life	1.52	1.05

Table 4- continued

Subscale	Item	Mean	S.D.
Self-Esteem	2. I can't do anything well	1.52	0.89
Physiological	9. I am full of aches and pains	1.50	0.89
Love/Belonging	12. (Spouse or Partner) We don't enjoy each other	1.50	1.06
Love/Belonging	6. I can't share my feelings	1.47	0.91
Love/Belonging	11. (Spouse or Partner) There is not enough affection between us	1.47	1.16
Physiological	13. I have bad reactions to medications or drugs	1.38	0.76
Physiological	11. I have trouble with the physiological changes that are part of my aging	1.38	0.82
Physiological	18. I have a sight loss	1.38	0.79
Self-Actualization	1. I'm not growing as an individual	1.33	0.78
Physiological	8. Generally my health is poor	1.31	0.83
Safety	2. I don't know my way around where I live	1.23	0.63
Physiological	20. I have a disease	1.23	0.74
Physiological	12. I have trouble walking or climbing	1.23	0.69
Physiological	16. I am recovering from treatment or illness	1.17	0.63
Physiological	15. I don't keep my body well groomed	1.15	0.46

Table 4--continued

Subscale	Item	Mean	S.D.
Love/Belonging	13. (Spouse or partner) There is no honesty between us	1.11	0.46
Physiological	17. I have a hearing loss	1.00	0.00
Physiological	19. I have a sensory loss other than sight or hearing	1.00	0.00

have a sensory loss other than sight or hearing"-- to a high of 3.44--safety item 9, "my expenses are increasing." Of the top ten items receiving the highest ranking, six are either in the physiological or safety areas--areas Maslow (1948) calls lower order needs. Only 17 of the 65 items had a mean response score above response category 3, "hardly any problem for me." Two items--safety item 9, "my expenses are increasing," and safety item 4, "I worry about the state of the nation"--were also the two top rated items for both the working educators and retired educators (see Tables 5 & 6).

Working Educators

The need/problem data on working educators were ordered by mean scores in Table 5. The mean score and standard deviation are presented for each item. Mean scores ranged from a low of 1.03 (safety item 2, "I don't know my way around where I live") to a high of 3.59 (safety item 9, "my expenses are increasing"). There were 13 items out of a field of 65 that had a mean score above 2.00. The items were fairly evenly divided among the 5 need areas. Four were safety items, 3 were self-esteem items, and 2 items were from each of the physiological, love/belonging, and self-actualization areas.

Retired Educators

The 65 need/problem items of the SNAP were rank ordered by the mean response scores of retired educators and are presented in Table 6. The range of mean scores was very close to the range found to exist within the student and working educator groups. The low mean score was 1.11 for safety area item 2, "I don't know my

Table 5

Working Educator Responses to the Survey of Needs and Problems Ranked by Mean Scores

Subscale	Item	Mean	S.D.
Safety	9. My expenses are increasing	3.59	1.19
Safety	4. I worry about the state of the Nation	3.17	1.18
Self-Actualization	6. To grow as a person requires change but changes are hard for me	2.47	1.21
Physiological	5. I don't get enough recreation	2.42	1.23
Physiological	1. I don't exercise	2.42	1.34
Self-Actualization	2. I don't express myself creatively	2.34	1.21
Self-Esteem	1. I don't like how I look	2.29	1.33
Self-Esteem	7. Criticism threatens me	2.14	1.14
Safety	5. My house is not secure	2.14	1.15
Love/Belonging	1. I have trouble getting out and meeting people	2.14	1.19
Safety	8. I worry about war	2.10	1.23
Love/Belonging	7. I need to find others my age with whom to share recreational activities	2.05	1.25
Self-Esteem	9. I fear failure	2.03	1.19
Safety	3. I fear being robbed	1.97	1.05

Table 5 - continued

Subscale	Item	Mean	S.D.
Love/Belonging	25. (Friends) Cannot confide deep feelings	1.97	1.19
Self-Actualization	1. I'm not growing an an individual	1.97	1.20
Self-Actualization	5. I have no feelings of spiritual growth	1.97	1.16
Love/Belonging	11. (Spouse or Partner) There is not enough affection between us	1.92	1.29
Physiological	3. I have dental problems	1.86	1.14
Love/Belonging	5. I need to find others my age with whom I can share my mutual concerns	1.86	1.17
Physiological	2. I don't sleep well	1.83	1.06
Safety	6. I fear bodily harm	1.81	0.94
Love/Belonging	4. I don't visit or get visited enough	1.79	1.14
Love/Belonging	3. I don't have a sense of belonging to my community	1.79	1.05
Self-Esteem	4. I feel inferior to others	1.79	1.11
Safety	1. My neighborhood is unsafe	1.79	1.03
Self-Actualization	4. I don't live in terms of my values	1.78	1.15
Physiological	11. I have trouble with the physiological changes that are part of my aging	1.75	1.01

Table 5- continued

Subscale	Item	Mean	S.D.
Love/Belonging	19. (Family) I cannot confide my deep feelings	1.74	1.14
Love/Belonging	22. (Friends) Not enough affection	1.71	1.07
Self-Esteem	10. I feel inadequate	1.71	1.09
Love/Belonging	2. I have no one with whom I can share my deep feelings	1.71	1.22
Self-Actualization	7. I have no wonderful feelings about my life	1.69	1.15
Self-Actualization	3. I have no sense of mission in my life	1.69	1.01
Love/Belonging	23. (Friends) No sense of belonging	1.66	1.06
Self-Esteem	6. I don't get enough attention or recognition	1.64	1.01
Love/Belonging	12. (Spouse or Partner) We don't enjoy each other	1.62	1.16
Love/Belonging	6. I can't share my feelings	1.61	1.09
Physiological	4. My air is bad or polluted	1.59	1.07
Self-Esteem	5. I don't feel useful enough	1.58	1.04
Physiological	9. I am full of aches and pains	1.56	1.09
Self-Esteem	3. I am not appreciated	1.54	0.95
Love/Belonging	16. (Family) not enough love	1.53	1.02
Physiological	10. I don't use preventive medicine	1.53	0.82

Table 5-continued

Subscale	Item	Mean	S.D.
Love/Belonging	24. (Friends) No sense of trust	1.47	0.94
Physiological	7. I don't eat well balanced meals	1.46	0.84
Love/Belonging	18. (Family) No sense of trusting	1.44	1.00
Physiological	21. My residence is not made in a way that suits my needs	1.44	1.11
Safety	7. I have a fear of relocating or of being relocated	1.44	0.93
Physiological	13. I have bad reactions to medications or drugs	1.44	0.88
Physiological	8. Generally my health is poor	1.44	0.95
Physiological	18. I have a sight loss	1.42	0.83
Self-Esteem	8. I have low status in the eyes of others	1.42	0.89
Physiological	12. I have trouble walking or climbing	1.42	0.89
Physiological	17. I have a hearing loss	1.41	0.85
Physiological	14. It is too noisy where I live	1.39	0.95
Love/Belonging	17. (Family) No sense of belonging	1.39	0.84
Love/Belonging	13. (Spouse or Partner) There is no honesty between us	1.38	0.95
Physiological	20. I have a disease	1.37	1.01

Table 5 - continued

Subscale	Item	Mean	S.D.
Self-Esteem	2. I can't do anything well	1.32	0.71
Physiological	6. My drinking water is bad or polluted	1.27	0.67
Physiological	16. I am recovering from treatment or illness	1.17	0.67
Physiological	15. I don't keep my body well groomed	1.15	0.58
Physiological	19. I have a sensory loss other than sight or hearing	1.08	0.38
Safety	2. I don't know my way around where I live	1.03	0.26

Table 6
Retired Educator Responses to the Survey of Needs and Problems Ranked by Mean Score

Subscale	Item	Mean	S.D.
Safety	4. I worry about the state of the Nation	3.20	1.24
Safety	9. My expenses are increasing	3.14	1.18
Safety	3. I fear being robbed	2.36	1.11
Physiological	11. I have trouble with the physiological changes that are part of my aging	2.22	1.16
Physiological	20. I have a disease	2.21	1.50
Physiological	18. I have a sight loss	2.18	1.22
Safety	8. I worry about war	2.13	1.16
Physiological	17. I have a hearing loss	2.11	1.29
Self-Actualization	1. I'm not growing as an individual	2.07	1.14
Self-Actualization	2. I don't express my self creatively	2.06	1.20
Physiological	12. I have trouble walking or climbing	2.00	1.35
Physiological	1. I don't exercise	1.96	1.25
Physiological	5. I don't get enough recreation	1.96	1.14
Self-Actualization	6. To grow as a person requires change but changes are hard for me	1.93	1.11
Physiological	2. I don't sleep well	1.93	1.19

Table 6- continued

Subscale	Item	Mean	S.D.
Safety	5. My house is not secure	1.87	1.02
Love/Belonging	1. I have trouble getting out and meeting people	1.87	1.23
Physiological	9. I am full of aches and pains	1.87	1.15
Love/Belonging	4. I don't visit or get visited enough	1.87	1.08
Safety	1. My neighborhood is unsafe	1.83	1.07
Self-Esteem	5. I don't feel useful enough	1.82	1.21
Physiological	3. I have dental problems	1.80	1.02
Safety	6. I fear bodily harm	1.79	1.04
Love/Belonging	19. (Family) I cannot confide my deep feelings	1.79	1.16
Love/Belonging	25. (Friends) Cannot confide my deep feelings	1.76	1.11
Love/Belonging	6. I can't share my feelings	1.73	1.11
Self-Esteem	1. I don't like how I look	1.71	0.95
Love/Belonging	7. I need to find others my age with whom to share recreational activities	1.70	1.05
Self-Actualization	5. I have no feelings of spiritual growth	1.68	1.00
Self-Esteem	10. I feel inadequate	1.67	1.11

Table 6 - continued

Subscale	Item	Mean	S.D.
Self-Actualization Love/Belonging	3. I have no sense of mission in my life	1.66	1.14
	2. I have no one with whom I can share my deep feelings	1.64	1.08
Self-Esteem	9. I fear failure	1.63	1.07
	4. I don't live in terms of my values	1.62	1.04
Self-Actualization	7. I have no wonderful feelings about my life	1.58	1.01
	7. Criticism threatens me	1.56	0.90
Love/Belonging	5. I need to find others my age with whom I can share my mutual concerns	1.50	0.93
	16. I am recovering from treatment or illness	1.51	1.03
Physiological Love/Belonging	11. (Spouse or Partner) There is not enough affection between us	1.50	0.98
	2. I can't do anything well	1.49	0.91
Love/Belonging	22. (Friends) Not enough affection	1.47	0.98
	10. I don't use preventive medicine	1.46	0.82
Physiological Self-Esteem	4. I feel inferior to others	1.46	0.83
	16. (Family) Not enough love	1.46	0.97

Table 6 - continued

Subscale	Item	Mean	S.D.
Love/Belonging	23. (Friends) No sense of belonging	1.45	0.87
Physiological	8. Generally my health is poor	1.45	1.01
Love/Belonging	3. I don't have a sense of belonging to my community	1.45	0.88
Safety	7. I have a fear of relocating or of being relocated	1.44	1.00
Physiological	4. My air is bad or polluted	1.42	0.85
Physiological	13. I have bad reactions to medications or drugs	1.41	0.89
Physiological	14. It is too noisy where I live	1.39	0.82
Love/Belonging	18. (Family) No sense of trusting	1.36	0.87
Physiological	15. I don't keep my body well groomed	1.35	0.68
Self-Esteem	6. I don't get enough attention or recognition	1.35	0.74
Love/Belonging	12. (Spouse or Partner) We don't enjoy each other	1.34	0.81
Physiological	19. I have a sensory loss other than sight or hearing	1.33	0.92
Love/Belonging	24. (Friends) No sense of trust	1.32	0.78
Love/Belonging	17. (Family) No sense of belonging	1.31	0.81
Self-Esteem	3. I am not appreciated	1.28	0.65
Self-Esteem	8. I have low status in the eyes of others	1.26	0.67

Table 6- continued

Subscale	Item	Mean	S.D.
Physiological	7. I don't eat well balanced meals	1.22	0.59
Love/Belonging	13. (Spouse or Partner) There is no honesty between us	1.19	0.61
Physiological	6. My drinking water is bad or polluted	1.15	0.55
Physiological	21. My residence is not made in a way that suits my needs	1.14	0.61
Safety	2. I don't know my way around where I live	1.11	0.48

way around where I live." This was the same item that showed the lowest mean score for the working educator group. The high mean score was 3.20 for safety item 4, "I worry about the state of the nation." It is interesting to note that the high mean score for the retired educator group was lower than the high mean scores for the other two groups in the study. Indeed, for retired educators, only 10 items had a mean score above 2.00. Four items fell in both the physiological and safety areas and two items were in the self-actualization need area.

All of the first eight items in Table 6 listed as having the highest mean scores are items from either the physiological or safety areas--what Maslow (1954) calls lower order needs. In fact, 14 of the top 20 items are lower order needs.

Item Data by Response Category

An analysis of the mean score responses of senior students, working educators, and retired educators indicated that the items in the need/problem areas covered in the SNAP questionnaire did not appear to be of major concern to the individuals included in this study. But measures of central tendency such as the mean score do not always permit full interpretation of the data. Therefore, the questionnaire data were analyzed by frequency of responses to each category by means of a SPSS program. Table 7 presents the SNAP need/problem items that had the highest percentages of responses in the "somewhat serious problem" (4's) and "very serious problem" (5's) categories. The items are presented for each subject group--senior students, working educators, and retired educators--and represent

Table 7

Study Population's Rating of Need/Problem Items on the SNAP Questionnaire According to Frequency of Response in "Somewhat Serious Problem" (4) and "Very serious Problem" (5) Categories

	Senior Students				
	Somewhat Serious Problem (4)		Very Serious Problem (5)		Total
	Absolute Frequency	Adjusted Frequency (%)	Absolute Frequency	Adjusted Frequency (%)	
1. Safety 9 My expenses are increasing	12	26.7	14	31.1	57.8
2. Safety 4 I worry about the state of the nation	22	45.8	3	6.3	52.1
3. Safety 8 I worry about war	19	39.6	0	0.0	39.6
4. Self-Esteem 9 I fear failure	14	29.2	3	6.3	35.5
5. Physiological 1 I don't exercise	12	25.0	3	6.3	31.1
6. Love/Belonging 9 I cannot confide my deep feelings (family)	11	22.9	4	8.3	31.2
7. Love/Belonging 1 I have trouble getting out and meeting people	13	27.1	1	2.1	29.2
8. Physiological 5 I don't get enough recreation	9	18.8	3	6.3	25.1
9. Safety 6 I fear bodily harm	10	20.8	2	4.2	25.0
10. Safety 1 My neighborhood is unsafe	9	18.8	1	2.1	20.9

Table 7 -continued

Item	Senior Students				Total (%)
	Somewhat Serious Problem (4)	Very Serious Problem (5)	Absolute Frequency	Adjusted Frequency (%)	
Self-Esteem 1					
11. I don't like how I look	8	16.7	2	4.2	20.9
Self-Esteem 4					
12. I feel inferior to others	8	16.7	2	4.2	20.9
Self-Actualization 6					
13. To grow as a person requires change but changes are hard for me	9	18.8	1	2.1	20.9
Safety 9					
1. My expenses are increasing	27	45.8	12	20.3	66.1
Safety 4					
2. I worry about the state of the nation	25	42.4	4	6.8	49.2
Physiological 1					
3. I don't exercise	13	22.0	3	5.1	27.6
Physiological 5					
4. I don't get enough recreation	14	23.7	1	1.7	25.4
Self-Actualization 6					
5. To grow as a person requires changes but changes are hard for me	14	23.7	1	1.7	25.4

Table 7 -continued

Item	Working Educators				
	Somewhat Serious Problem (4)	Adjusted Frequency (%)	Absolute Frequency	Very Serious Problem (5)	Adjusted Frequency (%)
Self-Actualization 2	12	20.3	0	0.0	20.3
6. I don't express myself creatively					
Safety 3	9	15.3	2	3.4	18.7
7. I worry about war					
Self-Esteem 1	5	8.5	5	8.5	17.0
8. I don't like how I look					
Love/Belonging 1	8	13.6	1	1.7	15.3
9. I have trouble getting out and meeting people					
Love/Belonging 7	7	11.9	2	3.4	15.3
10. I need to find others my age with whom to share recreational activities					
Love/Belonging 11	6	11.3	3	5.7	15.3
11. There is not enough affection between us (spouse/partner)					
Self-Actualization 1	13	22.0	3	5.1	15.3
12. I'm not growing an an individual					
Safety 4					
1. I worry about the state of the nation	13	13.3	44	44.9	56.2

Table 7 -continued

Item	Retired Educators				
	Somewhat Serious Problem (4)	Adjusted Frequency (%)	Very Serious Problem (5)	Adjusted Frequency (%)	Total (%)
Safety 9					
2. My expenses are increasing	27	33.7	9	11.2	44.9
Physiological 20					
3. I have a disease	23	25.6	6	6.7	32.3
Physiological 12					
4. I have trouble walking or climbing	15	15.5	6	6.2	21.7
Physiological 17					
5. I have a hearing loss	15	15.5	4	4.1	19.6
Safety 3					
6. I fear being robbed	18	18.4	0	0.0	18.4
Safety 8					
7. I worry about war	10	16.8	1	1.1	17.9
Physiological 1					
8. I don't exercise	15	15.6	2	2.1	17.7
Physiological 11					
9. I have trouble with the physical changes that are a part of aging	16	16.7	1	1.0	17.7
Physiological 18					
10. I have a sight loss	11	11.5	5	5.2	16.7

those items that showed the ten highest rankings when the percentages of "4" and "5" responses were combined.

Senior Students. Although the top two listed items are the same for mean score ranking and ranking by percentage of "4" and "5" responses, the seriousness of these problems in the minds of the respondents is greatly amplified. Table 4 shows that these two top items--safety 4, "I worry about the state of the nation," and safety 9, "my expenses are increasing"--have a mean score for the senior student group of 3.27 and 3.44 respectively. These scores present a picture of a level of concern more closely aligned with the response "hardly any problem for me" than with any of the other response choices. Table 7 shows that for the most serious problem--safety 9, "my expenses are increasing"-- 26.7% rated the item with a "4" ("somewhat serious problem") and 31.1% rated the item with a "5" ("very serious problem"). Over half (57.8%) of the senior student population rated the top item above the level of seriousness indicated by the mean score.

Within the top 12 items there was a slight shifting in the order between the ranked mean scores of Table 4 and the ranked percentages of top level ("4" and "5") responses in Table 7. Self-esteem item 7, "criticism threatens me," which was 5th in importance in Table 4 was not among the top 13 items in Table 7. Only 1.18% of the senior student population responded with a rating of either "4" or "5" on this self-esteem item.

Self-actualization item 6, "to grow as a person requires change but changes are hard for me," moved from the 14th most important

problem when ranked by mean score (Table 4) to the 13th most important problem when ranked by percentage of high problem value. The mean score on this item for senior student responses was 2.25, but Table 7 shows that 20% of the students thought that this item was either a somewhat serious or very serious problem for them. Of the top 13 items, 5 were from the safety area, 3 from the self-esteem area, 2 from the love/belonging and physiological areas, and one from the self-actualization area.

Working Educators. As was true with the senior student group, there is little discrepancy between the ranked order of need/problem items in table 5 and in the working educators section of Table 7. But, as with the student population, it is the table showing the percent of those educators that made response choices of 4's and 5's that gives the most impressive view of the data. The great majority of working educators (66.1%) thought that the top rated item (safety 1, "my expenses are increasing") was at least a somewhat serious problem, 20.3% thought that it was a very serious problem for them. Physiological item 1, "I don't exercise" and physiological item 6, "I don't get enough recreation" were also shown as at least a somewhat serious problem for about one in four of the working educators.

There is much commonality between the list of top ranked items for working educators and senior students. Eight of the top 12 ranked items for working educators also appear on the list of top ranked items for senior students. The top 12 items were divided among the 5 need areas as follows: 3 items in each of the safety,

love/belonging, and self-actualization areas, two items in the physiological need area and one item in the self-esteem area.

Retired Educators

The item in Table 7 ranked highest for retired educators--safety item 4, "I worry about the state of the nation"--was second ranked for both the senior student group and the working educator group. But its ranking as a "very serious problem" for these two groups cannot compare with ranking by retired educators. Almost half (44.9%) of the retired educator group gave a response of "5," indicating it was a "very serious problem" for them. A clear majority (55.1%) of the retired educators responded with a "4" or a "5," indicating that it was at least a "somewhat serious problem." When the response categories of "4" and "5" are combined for the senior student group and the working educator group percentage figures are obtained that are very close to the figures for the retired educator group; 52.1% and 49.2% respectively.

Items that appear on the retired educators list that are not high need/problem items for the other two groups are physiological in nature: physiological item 20, "I have a disease," physiological item 18, "I have a sight loss," and physiological item 17, "I have a hearing loss."

All of the top ten ranked items fell either in the physiological or safety areas--areas Maslow (1943) calls lower order needs. This ranking represents a dramatic shift from the rank orderings presented for the senior student and working educator groups.

Research Question 3

Do needs and problems vary by
specific demographic variables?

To answer this question four separate multiple comparison analyses (ANOVA) were executed: 1) location of residence x race x group membership, 2) living arrangement x sex x group membership, 3) purpose of life x attitude toward counseling x group membership, and 4) group membership x income level x marital status. The resulting data on items showing significant F values are organized by need/problem area and are reported in Appendix E. These tables show sums of squares, degrees of freedom, mean square, F value and significance of F for all items showing significant main effects. The entire study population was included in these analyses.

Tables in Appendix E present only the main effects whose F value was significant at the 0.05 level using the Tukey HSD procedure.

The significant main effects for each item in Appendix E are reported in Appendix F, Tables 21, 22, 23, and 24, according to the multiple comparison analysis in which they occurred.

Table 21 presents the significant main effects for the first multiple comparison analysis that sought significant differences according to location of residence, race, and group membership. Sixteen items showed significant main effects which indicated the need for further analysis. Seven items were in the physiological need area, four in the self-esteem area, two items were in the safety and self-actualization areas, and one item was in the love/belonging area.

A one-way ANOVA was performed on the appropriate items in order to isolate the effects of the specific variables identified in Table 21. There were no significant differences indicated in mean scores for location of residence. Table 8 presents the significant results of a one-way analysis by race for the entire study population. Because the ethnic minority participation was so low in this study, the ANOVA was conducted using the categories of white and minority. Five items showed significant differences in mean scores at the 0.05 level. Two of these items--physiological 17, "I have a hearing loss" and self-actualization 6, "to grow as a person requires change but changes are hard for me"--also showed a significant mean score difference for retired educators. All items showed a lower mean score for minority subjects.

When the need/problem items were analyzed in a second multiple comparison analysis for significant main effects by sex, living arrangement, and group membership, 29 items were found to contain significant main effects. Thirteen of these items were from the physiological need area, three from the safety area, four from the love/belonging area, and seven from the self-esteem area. The self-actualization area contributed only one item. A complete data analysis (ANOVA results) for these items is presented in Appendix E. The specific main effects are listed by item in Table 23, Appendix F. Where a significant main effect was identified, further analysis was required. A one-way analysis was performed on all items in Table 23 by the indicated variable (main effect). Physiological item 18, "I have a sight loss" and self-esteem item

Table 8

Significant Results From a One-Way Analysis of SNAP Items by Race (White x Minority)

Item	Race	Total Study Population		Race	Retired Educators	
		#	Mean		#	Mean
Physiological 17 I have a hearing loss	W	186	1.71*	W	38	2.23
	M	18	1.00*	M	9	1.00
Physiological 1 I don't eat well balanced meals	W	186	1.47*			
	M	18	1.06*			
Physiological 11 I have trouble with the changes that are a part of my aging	W	185	1.93*			
	M	18	1.33*			
Love/Belonging 5 I need to find others my age with whom to share my mutual concerns	W	185	1.72*			
	M	18	1.22*			
Self-Actualization 6 To grow as a person requires change but changes are hard for me	W	182	2.24*	W	84	2.01
	M	17	1.47*	M	8	1.25

*p ≤ 0.05

1.13
0.35

8, "I have low status in the eyes of others," showed no significant difference by living arrangement. Table 9 presents the significant results for a one-way analysis by sex. In all cases females reported a higher mean score than males. This held true and was significantly different for the retired educator group on physiological item 2, "I don't sleep well," physiological item 13, "I have bad reactions to medication or drugs," love/belonging item 2, "I have no one with whom I can share my deep feelings," self-esteem 1, "I don't like how I look," and self-esteem 10, "I feel inadequate."

A third multiple comparison analysis compared the need/problem items by purpose of life, attitude toward counseling, and group membership. A full data analysis for all items showing significant main effects is arranged by need/problem area and presented in Appendix E. The significant main effects (where the probability of the F value is ≤ 0.05) are presented by need/problem item in Table 23, Appendix F. As was true for Tables 21 and 22, most significant main effects were for group membership. The results of further analysis on these items have been combined with items from the other three multiple comparison analyses showing significant main effects for group membership, and are presented following the data on the fourth multiple comparison analysis.

Only one item showed significant main effects for attitude toward being involved in counseling: physiological item 4, "my air is bad or polluted." A one-way ANOVA showed significant mean score differences between those who responded "yes," I would use the services of a counselor (mean=1.76) and those who said "no" I would not use the services of a counselor (mean=1.38).

Table 9

Significant Results from One-Way Analysis of SNAP Need/Problem Items by Sex

Item	Sex	Total Study Population		Sex	Retired Educators		S.D.
		#	Mean		#	Mean	
Physiological 2 I don't sleep well	M	97	1.64*	M	54	1.55	0.92
	F	105	2.10*	F	43	2.33	1.33
Physiological 7 I don't eat well balanced meals	M	98	1.27*				0.63
	F	106	1.59*				0.98
Physiological 13 I have a bad reaction to medications or drugs	M	98	1.20*	M	54	1.24	0.73
	F	106	1.60*	F	43	1.63	1.04
Safety 1 My neighborhood is unsafe	M	96	1.74*				0.99
	F	103	2.22*				1.18
Safety 6 I fear bodily harm	M	99	1.70*				0.96
	F	106	2.25*				1.18
Love/Belonging I have no one with whom to share my deep feelings	M	98	1.40*	M	54	1.31	0.75
	F	105	1.89*	F	42	2.05	1.29
Self-Esteem 1 I don't like how I look	M	97	1.71*	M	55	1.42	0.71
	F	106	2.37*	F	43	2.09	1.09
Self-Esteem 8 I have low status in the eyes of others	M	97	1.23*				0.66
	F	105	1.52*				0.93
Self-Esteem 10 I feel inadequate	M	97	1.50*	M	54	1.40	0.92
	F	106	1.92*	F	43	2.00	1.23

* $P \leq 0.05$

When the research subjects' responses to the need/problem items were analyzed according to their response on the purpose of life statement, only three items showed significant differences. Subjects were grouped according to how their responses to the open-ended statement "the purpose of life is...", was coded. The possible response choices were: 1) to be happy, to enjoy life, 2) to serve, 3) to make personal changes in looks, job, or activities, 4) to grow as a person, and 5) "other." When the three items --physiological item 7, "I don't eat well balanced meals," physiological item 6, "my drinking water is bad or polluted," and physiological item 21, "My residence is not made in a way that suits my needs"--were further analyzed by a one-way ANOVA, only two items showed significant differences. Physiological item 6 showed significant differences between those who responded "the purpose of life is...to grow, to create," (mean=2.06) and those who responded 1)...to be happy, to love (mean=1.43), 2)...to make changes in looks, job, or activities (mean=1.00), and 3) category for "other" responses (mean=1.15).

Physiological item 7, "I don't eat well balanced meals," showed a significant difference in mean scores between those who responded: the purpose of life is to live, to be happy, to enjoy life (mean=1.87) and those who responded with the purpose of life is to serve (mean=1.32).

The fourth multiple comparison analysis (group membership x income x marital status) indicated 18 items with significant main effects. A full analysis of the data on these items is contained in Appendix E. Table 24 lists the significant main effects by item.

As is true of the three previously mentioned multiple comparison analyses, there are more items from the physiological need/problem area than from any of the other four need/problem areas. Also, there are more significant main effects for group membership than for any other variable.

A one-way analysis was performed on the items in Table 24, Appendix F, by the significant main effects. There were very few significant results at the 0.05 level for either income level or marital status. Only one item--physiological 11, "I have trouble with the physical changes that are part of my aging"--showed any significant differences when analyzed by income level of the total study population. Those members of this research population who had an income level of less than \$5,000 annually (N=42) had a mean score response which was significantly less than the mean score for either those who made between \$5,000 and \$10,000 a year (N=26) or those who made above \$25,000 per year (N=43). When this item (physiological 11) was analyzed by income level for retired educators no two responses were significantly different, indicating that level of income does not play a major role in how people deal with their age-related physical changes.

Five items showed significant main effects by marital status: physiological item 12, "I have trouble walking or climbing," physiological item 16, "I am recovering from illness or treatment," physiological item 19, "I have a sensory loss other than sight or hearing," physiological item 21, "My residence is not made in a way that suits my

needs," and self-esteem item 3, "I am not appreciated." These five items were subjected to a one-way ANOVA to determine if there were any significant differences among research subjects grouped according to their marital status. Only three items--physiological 12, 16, and self-esteem 3--showed any significant difference in mean scores. For physiological item 12, those who had remarried ($n=12$) had a mean score of 2.44, which was higher and significantly different from the 53 persons who had never married ($\text{mean}=1.84$). Physiological item 16, "I am recovering from treatment or illness," also showed a significant difference between those remarried ($\text{mean}=2.00$) and those who had never married ($\text{mean}=1.08$). However, while the above reported differences are statistically significant, they do not seem to be logically related.

All need/problem items shown in Tables 21, 22, 23, and 24 in Appendix F had significant main effects for group membership. When these 26 items were analyzed by a one-way ANOVA, 21 items showed a significant difference between the retired educator group and at least one of the other research groups. Table 10 presents those items grouped by need/problem area and gives mean response scores and significant interactions for the senior student, working educator, and retired educator groups. Of the 21 items, 13 showed a significant decrease in mean scores from the senior student group to the retired educator group. Those items are:

1. My air is bad or polluted
2. I don't get enough recreation
3. My drinking water is bad or polluted

Table 10

Need/Problem Items With Significant Differences Among Retired Educators, Working Educators and Senior Students Obtained by an Analysis of Variance for Need/Problem Items by Group Membership (R=Retired Educators, W=Working Educators, S=Senior Students)

Subscale and Item #	Mean	S.E.	Significant Difference at 0.05 Level
Physiological			
4. My air is bad or polluted	S 1.97 W 1.59 R 1.42	1.07 0.85 1.25	R Sig. Diff. from S and W
5. I don't get enough recreation	S 2.31 W 2.42 R 1.96	1.39 1.23 1.14	R from S
6. My drinking water is bad or polluted	S 1.85 W 1.27 R 1.15	1.15 0.67 0.54	R from S and W S from W
11. I have trouble with physiological changes that are a part of my aging	S 1.38 W 1.75 R 2.22	0.82 1.01 1.16	P from S and W S from W
16. I am recovering from treatment or illness	S 1.17 W 1.17 R 1.51	0.63 0.67 1.03	P from S
17. I have a hearing loss	S 1.00 W 1.41 R 2.11	0.0 0.85 1.29	R from S and W S from W
18. I have a sight loss	S 1.38 W 1.42 R 2.18	0.79 0.83 1.22	R from S and W S from W

Table 10-continued

Subscale and Item #	Mean	S.D.	Significant Difference at 0.05 Level
19. Sensory loss other than hearing or sight	1.00 1.08 1.33	0.00 0.38 0.92	F from S W from S
20 I have a disease	1.23 1.37 2.21	0.74 1.01 1.50	R from S and W S from W
Safety			
1. My neighborhood is unsafe	2.54 1.79 1.83	1.17 1.03 1.07	R from S S from W
6. I fear bodily harm	2.60 1.81 1.79	1.19 0.94 1.04	R from S S from W
Love/Belonging			
3. I don't have a sense of belonging to my community	2.09 1.79 1.45	1.07 1.05 0.88	R from S and W
24. No sense of trust with friends	1.73 1.47 1.32	1.12 0.94 0.77	R from S and W
Self Esteem			
1. I don't like how I look	2.44 2.29 1.71	1.27 1.33 0.95	R from S and W

Table 10-continued

Subscale and Item #	Mean	S.D.	Significant Difference at 0.05 Level
3. I am not appreciated	1.73	1.09	R from S and W
	1.54	0.95	
	1.28	0.65	
4. I feel inferior to others	2.25	1.31	R from W and S
	1.79	1.11	
	1.46	0.83	
6. I don't get enough attention or recognition	1.81	1.04	R from W and S
	1.64	1.01	
	1.35	0.74	
7. Criticism threatens me	2.14	1.39	R from W and S
	1.56	1.14	W from S
	2.65	0.90	
9. I fear failure	2.71	1.35	R from W and S
	2.03	1.19	W from W
	1.62	1.07	
Self-Actualization			
1. I'm not growing as an individual	1.33	0.78	R from S
	1.97	1.20	W from S
	2.07	1.14	
6. To grow as a person requires change but changes are hard for me	2.27	1.27	R from W and S
	2.47	1.21	
	1.93	1.11	

4. My neighborhood is unsafe
5. I fear bodily harm
6. I don't have a sense of belonging to my community
7. No sense of trust with friends
8. I don't like how I look
9. I am not appreciated
10. I feel inferior to others
11. I don't get enough attention or recognition
12. I fear failure
13. To grow as a person requires change, but changes are hard for me

These differences are a cross-sectional representation of changes in needs and problems over time.

Most Important Item Response

At the end of each need/problem area of the Survey of Needs and Problems, subjects were asked to select the item they considered most important to them in terms of time, energy, or thought expended on that item. Those responses were ordered by need/problem area and ranked by the percentage of individuals choosing a particular response category. Table 11 presents the items most often indicated. These items are listed separately by group membership. Some items indicated very high consensus among individuals within a group. Many (29.7%) of the retired educators saw physiological item 20, "I have a disease," as being their most important problem. Almost one third of the senior student group rated physiological item 1, "I don't exercise," as being their most important problem. Both of these items were in the top 10 items ranked by mean score responses

Table 11

Top Three Responses by Group to Questions Asking for Most Important Item in Specific Need/Problem Areas

Item	%
<u>Physiological</u>	
<u>Student</u>	
1. I don't exercise	32.6
2. I don't get enough recreation	11.6
3. I don't eat well balanced meals	7.0
<u>Workers</u>	
1. I don't get enough recreation	17.4
2. I don't exercise	15.2
3a. I am full of aches and pains	8.7
b. I have trouble with the physical changes that are a part of my aging	8.7
c. I have a disease	8.7
<u>Retired</u>	
1. I have a disease	29.7
2. I have a hearing loss	13.5
3. I have a sight loss	13.5
<u>Safety</u>	
<u>Student</u>	
1. My expenses are increasing	43.5
2. Write-in items	13.0
3. I fear bodily harm	10.9
<u>Workers</u>	
1. My expenses are increasing	55.6
2. Writein items	16.7
3. I worry about the state of the nation	14.8
<u>Retired</u>	
1. My expenses are increasing	49.2
2. Write-in items	19.5
3. I worry about the state of the nation	17.2

Table 11-continued

Item	%
<u>Love/Belonging</u>	
<u>Student</u>	
1. I cannot confide my deep feelings (family)	19.1
2. I have trouble getting out and meeting people	12.8
3. Write-in items	12.8
<u>Worker</u>	
1. I have trouble getting out and meeting people	15.5
2. There is not enough affection between us (spouse/partner)	13.5
3. Write-in Items	13.5
<u>Retired</u>	
1. I don't visit or get visited enough	10.9
2. I can't share my feelings	9.4
3. I need to find others my own age with whom to share recreational activities	9.4
<u>Self-Esteem</u>	
<u>Student</u>	
1. I fear failure	27.3
2. I don't feel useful enough	18.2
3. I don't like how I look	15.9
<u>Workers</u>	
1a. I don't like how I look	17.4
b. Criticism threatens me	17.4
2a. I feel inferior to others	13.0
b. I fear failure	13.0
c. I feel inadequate	13.0
d. Write-in items	13.0
<u>Retired</u>	
1. I don't feel useful enough	29.7
2. I feel inadequate	14.1
3. I fear failure	12.5

Table 11-continued

Item	%
<hr/>	
Self-Actualization	
<u>Student</u>	
1. To grow as a person requires change but change is hard for me	22.2
2. Write-in items	20.0
3. I don't live in terms of my values	13.3
<u>Workers</u>	
1. To grow as a person requires change but change is hard for me	26.4
2. Write-in items	24.5
3. I don't express myself creatively	20.8
<u>Retired</u>	
1. To grow as a person requires change but change is hard for me	22.1
2. Write-in items	19.1
3. I have no wonderful feelings about my life	10.3
<hr/>	

in Table 4. The highest percentage for items recorded in the safety area was for item 9, "my expenses are increasing." This rating shows full agreement with the relative importance of this item when ranked by mean score response for each group. The top items in the love/belonging area showed low percentage figures for all three groups indicating a wide variation in choice of most important item. Within the retired educator group, many (29.7%) saw self-esteem item 5, "I don't feel useful enough," as their most serious problem in the self-esteem area. However, the mean score on this item for the retired educator group was only 1.81, indicating again that measures of central tendency do not always present the clearest picture of the importance of a need. Of the senior student population, 27.3% saw "I fear failure" as their most important self-esteem need or problem. The mean score for this item for the senior student group was 2.71.

There was agreement among the three research groups that "to grow as a person requires change, but changes are hard for me," was the most important item in the self-actualization area.

Additional Needs and Problems

At the end of each need/problem area section of the SNAP, blank spaces were provided along with instructions to add and rate any personal needs, worries, or problems that were not covered in the questionnaire. Table 12 shows the number and percent of people in each of the three groups of subjects who provided additional need/problem items. For all three groups, safety, love/belonging, and self-actualization were the need/problem areas to which the greatest

Table 12

Subjects Who Added Items Within the Five Need/Problem Areas. Absolute Frequency and Percentage Figures by Group Membership.

Need/problem Area	Senior Students		Working Educators		Retired Educators	
	Absolute Frequency	%	Absolute Frequency	%	Absolute Frequency	%
Physiological	9	18.8	9	15.3	15	15.3
Safety	19	39.6	28	47.5	42	42.9
Love/Belonging	22	45.8	19	32.2	19	19.4
Self-Esteem	7	14.6	4	6.8	13	13.3
Self-Actualization	17	35.4	19	32.2	24	24.5

number of items were added. Items written in by the senior student group are listed in Appendix G. The 114 added items had a mean score rating of 4.24. Many items (39 or 34.2%) were rated as being the most important item in that need/problem area. Almost half (45.8%) of the senior student group added items in the love/belonging need area.

Working educators added 90 items (Appendix H) which had a mean rating of 4.17. Almost half (43.3%) of these items were rated by subjects as the most important item for that need/problem area. The greatest percentage (28%) of working educators added items to the safety need area.

Retired educators added more items (166) than any other group (see Appendix I) but the mean rating for those items (4.08) was lower than the mean rating for either the student or the working educator group. About one third (46) of the items were rated by the retired educators as being the most important item in that specific need/problem area. Items were most often added to the safety need area.

Pooled Mean Data

The technique for obtaining pooled means requires adding all item responses within a need/problem area for each subject and treating the resulting figure as a single response. When the mean scores are divided by the number of items in each category, the result is a pooled mean score which may be ranked to show the relative strength of each need/problem area. These data--presented in Table 13--show a decreasing value of the pooled mean scores a-

Table 13

Need/Problem Area Means, SD and Pooled Means for Item by Group Membership

Area	Senior Students N=48		Working Educators N=59		Retired Educators N=38	
	Mean	SD	Pooled Mean	SD	Pooled Mean	SD
Physiological	33.14	9.21	1.62	32.56	9.93	1.55
					33.72	10.69
						1.61
Safety	21.47	5.53	2.39	13.05	5.15	2.12
					18.33	4.73
						2.04
Love/Belonging	30.67	11.07	1.70	30.17	10.76	1.68
					26.57	11.33
						1.48
Self-Esteem	20.44	7.26	2.04	17.48	7.52	1.75
					15.18	6.35
						1.52
Self-Actualization	12.52	4.74	1.79	13.81	5.46	1.97
					12.19	5.22
						1.74

Importance Ranking by Pooled Means

1. Safety
2. Self-Esteem
3. Self-Actualization
4. Love/Belonging
5. Physiological

1. Safety
2. Self-Actualization
3. Self-Esteem
4. Love/Belonging
5. Physiological

1. Safety
2. Self-Actualization
3. Physiological
4. Self-Esteem
5. Love/Belonging

cross the student group, the working educator group, and the retired educator group on the need/problem areas of the SNAP. The ranking pattern of pooled means is almost identical across the three groups. Although Tables 4, 5, and 6 show many of the high-ranked problem items to be either from the physiological or safety area, Table 13 indicates that when physiological items are considered as a whole their importance is often lower than other areas. Whether analyzed by ranked mean scores or pooled mean data, safety area items remain primary in importance.

To determine if the ranking of pooled mean scores differed with respect to variables other than group membership, further statistical tests (ANOVA) were performed. The need/problem areas were analyzed for differences in pooled mean responses by sex, living arrangement, and attitude toward counseling for the entire study population, as well as by group membership. Tables 25, 26, 27, and 28 in Appendix F present the pooled means and rank the responses. For the entire study population (Table 25) males had a higher mean score on all need/problem areas than did females. Those who would use the services of a counselor had a lower pooled mean score on all need/problem areas than did those who would use the services of a counselor,

Senior Students. Table 26 presents the pooled mean scores for the senior student group. With the exception of the physiological area where the pooled mean score for males was 1.82, females had the higher mean score for all need/problem areas. The safety and self-actualization needs and problems of those who lived alone (N=3)

were higher than for those who lived with others. Those who would not use the services of a counselor (N=7) had lower pooled mean scores in all areas than did those senior students who would use the services of a counselor (N=40).

Working Educators. In all five of the need/problem areas, males had lower pooled mean scores than females, but for both sexes the ranked order of the importance of the need/problem areas (Table 27) remained the same. The self-actualization need area had the highest pooled mean score followed by safety, self-esteem, love/belonging, and physiological. This ranked order remained the same when pooled mean scores were considered for living arrangements and attitude towards being involved in counseling. Those working educators who lived alone had lower pooled mean scores in all five need/problem areas than did those working educators who lived with others.

Retired Educators. The most striking difference between retired educators and the other two groups of respondents in this study was the increased rank order for the physiological area pooled mean score (Table 28). While most often ranked last in importance for senior students (Table 26) and working educators (Table 27) the physiological need area was ranked third in importance for all variable categories. When pooled mean scores are compared by group membership for all the variables listed in Tables 26, 27, and 28, another difference becomes clear. For most of the response categories of the variables listed (sex, living arrangement, and attitude towards counseling), the pooled mean score for retired educators was lower than the pooled mean score for either the

senior student group or the working educator group. Two exceptions were for sex, where female retired educators had a higher pooled mean score for the physiological need area than other females in the study, and for living arrangement where retired educators who lived alone had a higher pooled mean score in the safety area than did either the senior students or working educators who lived alone.

The use of pooled mean scores for ranking the five need/problem areas for each of the three research groups provides an indirect measure of the relative importance of each need area among the three respondent groups. The SNAP questionnaire provided a direct measure of subject response on this ranking question. Subjects were asked to list, from "most important" to "least important," the five need/problem areas. Table 14 reports the average ranking response by group membership and compares those rankings with the rankings established by the use of pooled mean scores. The most striking difference between the two measures of importance of the need/problem areas is the reversal in the relative positions of the safety and physiological need areas. The pooled mean ranking order places the safety area first in importance and the physiological need/problem area last in importance for the senior student, working educator and retired educator groups. The direct measure of ranking resulted in the safety area falling to least in importance for senior students and working educators, and next to last in importance for retired educators. At the same time, the physiological need/problem area was ranked as either most important or second most important for all three groups.

Table 14

Need/Problem Area Rankings by Pooled Mean Scores and by Direct Measure

Group membership	Pooled Mean Score Ranking	Direct Measure (Average Ranking)
Senior Students	Safety Self-Esteem Self-actualization Love/Belonging Physiological	Physiological Self-Esteem Love/Belonging Self-Actualization Safety
Working Educators	Safety Self-Actualization Self-Esteem Love/Belonging Physiological	Love/Belonging Physiological Self-Actualization Self-Esteem Safety
retired Educators	Safety Self-Actualization Physiological Self-Esteem Love/Belonging	Self-Actualization Physiological Self-Esteem Safety Love/Belonging

Time in Retirement

To test for possible mean score differences for length of time in retirement, a one-way analysis (ANOVA) was performed on all need/problem items with retired educators being grouped into the categories "retired less than 5 years," and "retired more than 5 years." Mean scores by item as well as the probability of the F scores (as established using the Tukey HSD procedure) are presented in Table 29, Appendix F. There were five items that showed a significant difference, and all five items showed a decrease in the severity of the need or problem with time in retirement. The five items were:

1. Love/Belonging item 3, "I don't have a sense of belonging to my community"
2. Love/Belonging item 12, "We (Spouse) don't enjoy each other"
3. Love/Belonging item 13, "There is no honesty between us (Spouse)"
4. Love/Belonging item 19, "I cannot confide my deepest feelings"
5. Self-Esteem item 6, "I don't get enough attention or recognition"

Open-Ended Statements

Responses to the open-ended statement items of the Survey of Needs and Problems (SNAP) questionnaire were coded into specific categories (see Procedures section) to allow for a comparison of responses among the three groups of respondents.

Table 15 Presents the frequency and percentage of responses by the coded category. The resulting data are organized by group membership to permit comparisons among the three groups of respondents to represent change along the life/growth or time continuum. Several interesting patterns developed. On the open-ended statement items "I feel less sure of myself when....," and "When my energy for living is low, it's because....," there was an increasing tendency from the senior student group and the working educator group to the retired educator group to focus on one's self for the answer. Conversely, in response to the item "I realize my dreams when....," the retired educator group was less likely than either the senior student or working educator group to respond with an answer that focused on the self. On the open-ended statement item "Others believe I....," there was a decreasing tendency from the senior student group and the working educator group to the retired educator group to respond with a positive answer.

On the items concerning health and medical needs and the item "If my body had a voice it would say....," retired educators were more likely than either the senior student group or the working educator group to respond in a positive manner. For the item "I don't feel close to....," almost half (45.2%) of the senior student group said "Family." About one out of four (24.6%) of the retired educator group had the same response.

Table 15

Responses by Group Membership to Open-Ended statements with Coded Responses, Absolute Frequencies, and Percentage Figures

Coded Response Category	Senior Students		Working Educators		Retired Educators	
	Absolute Frequency	%	Absolute Frequency	%	Absolute Frequency	%
I feel less sure of myself when...						
Focus on Self	24	53.3	30	57.7	44	66.7
Focus on Others	21	46.7	22	42.3	22	33.3
I realize my dreams when...						
Focus on Self	23	71.9	29	61.7	29	56.9
Focus on Others	9	28.0	18	38.3	20	39.2
When my energy for living is low it's because						
Focus on Self	38	82.6	46	92.0	66	93
Focus on Others	8	17.4	4	8.0	5	7
Others believe I...						
Positive	40	85.1	39	76.5	45	69.2
Negative	5	10.6	8	15.7	17	26.2
Neutral	2	4.3	4	7.8	3	4.6
My meals are...						
Positive	31	67.4	36	65.5	63	71.6
Negative	13	28.3	7	1.0	6	6.8
Neutral	2	4.3	12	21.8	18	20.5
My health...						
Positive	40	90.9	44	81.5	62	71.3
Negative	3	6.8	6	11.1	18	20.7
Neutral	1	2.3	4	7.4	6	6.9
My medical needs...						
Positive	40	90.0	43	78.2	62	71.3
Negative	3	6.8	6	10.9	18	20.7
Neutral	1	2.3	6	10.9	6	6.9
I...						
Positive	9	70.7	34	72.3	28	60.9
Negative	11	26.8	10	21.3	14	30.4
Neutral	1	2.4	3	6.4	4	8.7
If my body had a voice it would say...						
Positive	8	18.2	14	26.4	30	41.1
Negative	33	75.9	36	67.9	42	57.5
Neutral	2	6.8	3	5.7	1	1.4

Table 15-continued

Response Categories	Senior Students		Working Educators		Retired Educators	
	Absolute Frequency	%	Absolute Frequency	%	Absolute Frequency	%
Intellectually lim...						
Positive	38	82.6	35	59.3	45	60.8
Negative	5	10.9	4	6.8	14	18.9
Neutral	3	6.5	14	23.7	15	20.3
I don't feel I belong to....						
Spouse/partner	1	2.8				
Family	1	2.8				
Relatives, Friends	1	2.8				
Community, World	25	69.4	27	60.0	31	70.5
social set, peer group						
All groups, any group	4	11.1	7	15.6	5	11.4
Other	4	11.1	11	24.4	8	18.2
I don't feel close to						
Spouse/partner	3	7.1	4	6.8	2	3.1
Family	19	45.2	13	22.0	16	24.6
Relatives, friends	3	7.1	3	5.1	3	4.6
Community, social or	2	4.8	10	16.9	11	16.9
peer group						
All or any particular	2	4.8	3	5.1	13	20.0
group						
Other	13	30.1	15	25.4	20	30.8
My greatest need/worry/problem is ...						
Physiological	2	5.4	1	2.0	20	29.9
Safety	9	24.3	19	37.3	27	40.3
Love/Belonging	4	10.8	13	25.5	5	7.5
Self-Esteem	20	54.1	12	23.5	13	19.4
Self-Actualization	2	5.4	6	11.8	2	3.0
I live to...						
be happy, to love,	24	57.1	6	11.3	22	29.3
to enjoy life						
Get more money, prestige	3	7.1	16	30.2	2	2.7
education						
To help others, to	8	19.0	4	7.5	31	41.3
serve God, to do good						
To change: looks, jobs	9	9.9	20	37.7	4	5.3
activities						
To grow, create, live	3	7.1	3	5.7	5	6.7
Other	4	9.5	4	7.5	11	14.7

Table 15 -continued

Response Categories	Senior Students		Working Educators		Retired Educators	
	Absolute Frequency	%	Absolute Frequency	%	Absolute Frequency	%
The purpose of life is						
To enjoy	21	51.2	14	28.6	11	14.3
To get more	0	0.0				
To help, serve	10	24.4	23	46.9	49	63.6
To change	7	17.1			2	2.6
Grow	3	7.3	7	14.3	3	3.9
Other			5	10.2	12	15.6
My unmet goal in life is						
To enjoy	4	9.1	6	11.3	4	6.3
To get more	5	11.4	16	30.2	10	15.6
To help, serve	5	11.4	4	7.5	11	17.2
To change	26	59.1	20	37.7	29	45.3
To grow	1	2.3	3	5.7	2	3.1
Other	3	6.8	4	7.5	8	12.5

Results from the open-ended statement item, "My greatest need/ worry/problem is...", indicated a high (40.3%) response rate for the retired educator group in the area of safety needs and problems. This need/problem category was also chosen often (37.3%) as a response for the working educator group but members of the senior student group were more likely to respond with an answer that fell in the self-esteem category (45.9%).

Two response patterns were evident in the data generated by the item, "The purpose of life is...." For the response choice, "to enjoy life, to love life," 51.2% of the senior student group agreed, but less of the working educator group (28.6%) and even less of the retired educator group (14.3%) agreed. This pattern was reversed for the coded response, "to help, to serve, to live by God's will." On this response choice retired educators (63.6%) were most likely to agree. Working educators (46.9%) and the senior student group (24.4%) were less likely to make this response.

Several one way analyses were performed using the data generated by retired educators' responses to the need/problem items of the SNAP. Retired educators were grouped according to their responses to various open-ended statements and these groupings were analyzed to determine if significant differences exist with respect to various needs and problems. When the ANOVA was performed using responses to the items, "The purpose of life is...", and "Others believe I...", no significant differences were found.

When an ANOVA was performed using the open-ended statement variable, "My greatest worry/need/problem is...", four need/problems showed a significant difference at the 0.05 level (Table 16). Two love/belonging area items --11, "there is not enough affection between us" (spouse), and 12, "we don't enjoy each other" (spouse)--showed a very high mean score (4.00) for those subjects ($N=4$) whose answer to "My greatest worry/need/problem is..." was coded in the self-actualization area. For the self-esteem item 1, "I don't like how I look...", the mean score was highest (3.20) for those whose greatest worry/need/problem was in the love/belonging area.

When the need/problem items were analyzed by retired educator responses to the variable, "If my body had a voice it would say...", 9 items showed significant differences in mean scores. In every case the mean score was higher for those whose response to the open-ended item were coded as being negative. However, the highest of the negative mean scores was only 2.64 (see table 17).

Research question 4

What are older Americans' attitudes
towards being involved in counseling?

The function of a counselor was explained in very general terms in the SNAP questionnaire. Subjects were told that counselors were trained individuals whose job it was to help people work through problems that may block their personal growth or happiness. Subjects were then asked to answer "yes" or "no" to the question: "would you use the services of a counselor?" The senior student group responded most positively (83.3%) followed by working educators with 67.8% indicating a "yes" response. The retired educator group had the lowest percentage, 37.8%, of "yes" responses.

Table 16

Results of a One-Way Analysis (ANOVA) of SNAP Need/Problem Items by Retired Educators' Responses to the Open-Ended Statement "My greatest worry/need/problem is"

Item	Response Category	Mean	Standard Deviation
Physiological, Item 17 I have a hearing loss	Physiological	2.65	1.49
	Safety	2.33	1.27
	*Love/Belonging	1.80	1.09
	Self-Esteem		
	Self-Actualization		
Love/Belonging, Item 11 There is not enough affection between us (spouse or partner)	Physiological	1.39	0.71
	Safety	1.67	1.29
	Love/Belonging	1.00	0.00
	Self-Esteem	1.18	0.60
	**Self-Actualization	4.00	0.00
Love/Belonging, Item 12 We don't enjoy each other (spouse or partner)	Physiological	1.12	0.49
	Safety	1.37	0.87
	Love/Belonging	1.00	0.00
	Self-Esteem	1.36	0.81
	***Self-Actualization	4.00	0.00
Self-Esteem, Item 1 I don't like how I look	Physiological	1.80	0.89
	Safety	1.48	0.70
	****Love/Belonging	3.20	1.48
	Self-Esteem	1.76	0.92
	Self-Actualization	1.50	0.71

*Love/Belonging is significantly different from Physiological and Safety.

**Self-Actualization is significantly different from Physiological, Self-safety, Love/Belonging and Self-Esteem.

***Self-Actualization is significantly different from Love/Belonging and Self-Esteem.

****Love/Belonging is significantly different from Physiological, Safety and Self-Esteem.

Table 17

Significant Results of a One_Way Analysis (ANOVA of SNAP Need/Problem Items by Retired Educators' Responses to the Open-Ended Statement "If My Body Had a Voice It Would Say...")

Item	Response Category	Mean	Standard Deviation
Physiological Item 3	Positive	1.45*	0.78
I have a dental problem	Negative	2.09*	1.10
Physiological Item 11	Positive	1.97*	1.09
I have trouble with the changes that are a part of my aging	Negative	2.64*	1.12
Physiological Item 17	Positive	1.83*	1.17
I have a hearing loss	Negative	2.21*	1.24
Physiological Item 18	Positive	1.93*	1.19
I have a sight loss	Negative	2.38*	1.25
Safety Item 3	Positive	1.93*	1.01
I fear being robbed	Negative	2.36*	1.08
Safety Item 7	Positive	1.00*	0.00
I fear relocating or being relocated	Negative	1.64*	1.19
Self-Esteem Item 2	Positive	1.20*	0.55
I can't do anything well	Negative	1.83*	1.12
Self-Esteem Item 4	Positive	1.27*	0.69
I feel inferior to others	Negative	1.76*	0.93
Self-Actualization Item 6	Positive	1.64*	0.73
To grow as a person requires change but changes are hard for me	Negative	2.32*	1.25

*P \leq 0.05

Research Question 5

Does the older American population differ from the younger in ranking lower (physiological, and safety) needs, and higher (love/belonging, self-esteem, and self-actualization) needs?

The use of pooled mean score data was helpful in answering this research question. The grand mean score for all lower need area items was divided by the number of items (30). The resulting pooled mean score data for the lower order and higher order needs are presented by group membership and by sex in Table 18. There are decreasing pooled mean scores from the senior student group to the retired educator group. In all three groups, males had a higher pooled mean score than females.

Research Question 6

With regards to life satisfaction,
how do older Americans differ from other
age groups in the direction they see their lives
taking from five years in the past
to five years in the future?

Table 19 presents the mean response scores for the three groups of subjects in this research. Data from the senior student group indicate the lowest life satisfaction for the past five years, and the highest anticipated life satisfaction in the future. Data for working educators present a similar pattern of gradual increase in life satisfaction over time. The data generated by responses from retired educators show a relatively flat graph of responses. However, their rankings were relatively higher in the past and lower in the future when compared to senior students or working educators. For the entire study population, the mean score responses on all life satisfaction items were above mid-point on the graph.

Table 18

Pooled Means of Need/Problem Items Grouped by Lower and Higher Need/Problem Areas by Sex for Total Study Population, Senior Students, Working Educators, and Retired Educators

Need Area	Total Population N=205		Senior Students N=48		Working Educators N=59		Retired Educators N=98	
	Males N=99	Females N=105	Males N=10	Females N=38	Males N=34	Females N=25	Males N=55	Females N=43
L	1.75		1.85		1.72		1.71	
C								
W								
E								
R	1.75	1.71	1.90	1.83	1.69	1.78	1.67	1.53
By Sex								
H	1.64		1.79		1.72		1.48	
I								
G								
H								
E								
R	1.61	1.74	1.71	1.81	1.69	1.84	1.66	1.57
By Sex								

Table 19

Mean Score Responses to Life Satisfaction Items by Group Membership

L	10	.	.	.	.	.	.	.	.	.	.	.	10
I	9	.	.	.	.	.	.	.	.	.	.	x	9
F	8	.	.	.	.	.	.	.	.	x	.	o	8
E	7	.	.	.	.	.	.	.	.	.	.	.	7
S	6	.	.	.	.	.	.	.	.	.	.	.	6
A	5	.	.	.	.	.	.	.	.	.	.	.	5
T	4	.	.	.	.	.	.	.	.	.	.	.	4
I	3	.	.	.	.	.	.	.	.	.	.	.	3
S	2	.	.	.	.	.	.	.	.	.	.	.	2
F	1	.	.	.	.	.	.	.	.	.	.	.	1

Years	5	4	3	2	1	*	1	2	3	4	5
	Past				Today's Date		Future				

Senior Students

Mean	5.85	6.04	6.15	6.45	6.87	7.40	7.53	7.94	8.57	8.87	9.23
SD	2.42	2.55	2.43	2.51	2.36	1.92	1.80	1.34	1.06	0.95	2.36

Working Educators

Mean	6.41	6.39	6.48	6.24	6.31	6.72	6.97	7.41	7.73	8.11	8.19
SD	2.18	2.04	2.27	2.28	2.21	2.12	2.03	1.02	1.84	1.70	2.27

Retired Educators

Mean	7.45	7.19	7.05	7.18	7.23	7.46	7.38	7.25	7.11	7.10	7.19
SD	2.35	2.18	2.31	2.18	2.10	1.90	1.98	2.11	2.28	2.20	2.18

5	4	3	2	1	Today's Date	1	2	3	4	5
---	---	---	---	---	--------------	---	---	---	---	---

X=senior students o=working educators *=retired educators

10= Highest High - things could not be better

1 = Lowest low - things could not be worse

A one-way analysis was also performed on life satisfaction scale data for retired educators to see if there was a significant difference in responses between those who had retired in the last five years, and those who had been retired for more than five years. There was no significant difference.

To increase the overall picture of the life satisfaction of respondents on the day they completed the SNAP questionnaire, frequency data on responses to "today's date" were compiled. Those life satisfaction data are presented in Table 20 by group membership. Retired educators seemed to have the most optimistic attitude with 74.7% of that group responding with a "7" or above (1=lowest low, things couldn't be worse, 10=highest high, things couldn't be better). Senior students and working educators who responded with "7" or above comprised 66.0% and 56.8% of their respective groups.

Table 20

Frequency Scores by Group Membership for Response Choices on Life Satisfaction
Item: "Today's Date"

Scale	Senior Students		Working Educators		Retired Educators	
	Absolute Frequency	Adjusted Frequency (%)	Absolute Frequency	Adjusted Frequency (%)	Absolute Frequency	Adjusted Frequency (%)
10	6	12.8	2	3.4	10	12.5
9	7	14.9	9	15.5	18	22.5
8	15	31.9	16	27.6	15	18.5
7	3	6.4	6	10.3	17	21.2
6	11	23.4	12	20.7	6	7.5
5	2	4.3	6	10.3	9	11.2
4	1	2.1	1	1.7	2	2.5
3	1	2.1	2	5.2	1	1.2
2	0	0.0	1	1.7	2	2.5
1	1	2.1	2	7.4	0	0.0

10= Highest High - things could not be better

1= Lowest low - things could not be worse

CHAPTER V

SUMMARY AND DISCUSSION CONCLUSIONS, IMPLICATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

The purpose of this study was to demonstrate the application of the theoretical framework proposed by Maslow (1943, 1954) in increasing the understanding of the needs and problems of the older American population. A review of the needs assessment instruments currently in use in the field led to the clear conclusion that there appears to be no available instrument with which to assess needs and problems over a broad spectrum of human concerns.

This study involved the development of the Survey of Needs and Problems (SNAP). The SNAP was based on the needs theory work of Maslow (1943, 1954), and organized needs and problems into five specific areas: physiological, safety, love/belonging, self-esteem, and self-actualization. The SNAP was pilot tested and refined. The final form was field tested on three separate age populations: students who were seniors in the College of Education, University of Florida; working educators in the age category of 35-50; and retired educators. These three populations served to provide a measure of change in needs and problems over time. The research population was 205 subjects.

Data were analyzed using the appropriate computer programs from the Statistical Package for the Social Sciences (SPSS). The mean score statistic was used to examine response differences on

the need/problem items of the SNAP questionnaire among the three groups of subjects. The strength and arrangement of the five need/problem areas were examined by use of the pooled mean score statistic which enabled comparisons to be made both among and within the three groups of subjects.

Summary and Discussion

Results of the data analysis, presented in Chapter IV, are discussed here according to the research questions raised by the study.

1. What are the needs and problems of older Americans?

Safety problems head the list when need/problem areas are ranked according to pooled mean scores. Safety item 4, "I worry about the state of the nation," was ranked first by mean score responses and by percentage of retired educators who rated an item as a "somewhat serious," or "very serious problem." When asked to identify their greatest need/worry/problem, 40.3% of the retired educators gave a response that fell in the safety need area.

There was also a considerable emphasis on health concerns among retired educators. Almost one third (29.9%) identified a physiological concern as being their greatest need/worry/problem. Physiological item 11, "I have trouble with the physical changes that are part of my aging," physiological item 18, "I have a sight loss," and physiological item 20, "I have a disease," were among the top ten items when ranked by mean scores. The dominant needs and problems of retired educators most often fell in either the physiological or safety need areas--areas Maslow (1943) calls lower order needs.

A third need area which was shown to be important in the lives of retired educators was self-actualization. When retired educators were asked to rank the five need areas as to their relative importance--based on the amount of time, energy, and thought involved--the self-actualization area was given the highest average ranking. Two self-actualization items--1, "I'm not growing as an individual," and 2, "I don't express myself creatively,"--were in the top ten items when ranked by mean scores.

On the whole, the level of concern (as expressed by mean scores) for items presented in the Survey of Needs and Problems was low. Only 10 items out of a field of 65 had a mean score rating above 2.00--the numerically coded value for the response category, "true, but no problem for me."

Retired educators in this study presented quite a positive self-image in their answers to various open-ended statements. Most (60.8%) saw themselves in a positive light intellectually, and the majority (71.3%) made positive statements regarding their health and medical needs.

2. How do the strength and arrangement of these needs change over time? This question was answered by comparing data from the retired educator group with data generated by senior students and working educators. Of the 21 items that showed a significant difference in mean scores among groups, 13 items had a lower mean score for the retired educator group. Retired educators were, to a significant degree, less likely to feel inferior to others, to fear failure, to not like their looks, or to feel they had no sense of

trust with their friends. The retired educator group was less likely than the senior student group or the working educator group to fear bodily harm or to feel they were not getting enough recreation.

In most cases where an increase in mean scores--from the senior student group to working educators, to the retired educator's group--was found, the items fell within the physiological need/problem area. For example, recovering from an illness or treatment, problems with hearing or sight loss, or a disease, were items where retired educators had a higher mean score than the other two groups. When all 65 need/problem items were ranked by mean scores for the retired educator group, all of the top ten ranked items were from either the physiological or safety need areas. Six of the top ten items for the senior student group, and five of the top ten items for the working educator group were lower order needs.

When the need/problem areas were ranked using pooled mean scores, safety area items were ranked first by all three groups of subjects. The physiological need/problem area was ranked higher for retired educators than for either the senior student or working educator groups. Love/belonging needs were lower in their relative ranking by pooled mean scores for retired educators than for either the senior student or working educator groups.

When subjects were asked to rank directly the importance of the five need areas, the self-actualization need area received a higher average ranking by retired educators than by either the senior student group or the retired educator group. Conversely, the safety

need/problem area was ranked lower by the retired educator group than by either the senior students or working educators.

There were positive changes over time suggested by answers to several open-ended statements. On the statement "If my body had a voice it would say...", only 18.2% of the senior student group gave a positive response. This figure increased to 26.4% for the working educator group, and to 41.1% for the retired educator group. From the senior student group and the working educator group to the retired educator group there was an increasing tendency toward an inward focus when completing the statement, "I feel less sure of myself when..." The same response pattern of an increasing tendency to focus on the self was evident in the data from the open-ended statement "When my energy for living is low, it's because...."

While senior students (51.2%) were more apt to see the purpose of life as being "to live" and "to enjoy," retired educators (63.6%) were more likely to see the purpose of life as being "to serve" or "to help."

3. Do needs and problems vary by specific demographic variables?

When the mean score responses to the need/problem items of the SNAP were analyzed for significant differences existing by various demographic variables, several interesting patterns occurred.

Five items indicated a significant difference by racial group membership:

physiological item 1, "I don't eat well balanced meals."

physiological item 11, "I have trouble with the physical changes that are part of my aging."

physiological item 17, "I have a hearing loss."

love/belonging item 5, "I need to find others my age with whom to share my mutual concerns."

self-actualization item 6, "To grow as a person requires change but changes are hard for me."

For all five items the mean score was significantly lower for the minority race group. These data seem to point to the strong support system often mentioned as existing in the lives of Black Americans, and are an indication that minority older Americans may have less difficulty coping with problems connected with aging than White Americans.

There were no significant differences in responses to the need/problem items on the basis of living arrangement or level of income.

Pooled mean scores for the five need/problem areas were higher for the females (N=105) in this study, than for the males (N=99). For the following nine need/problem items, females had mean scores that were significantly higher than those for males:

physiological item 2, "I don't sleep well."

physiological item 7, "I don't eat well balanced meals."

physiological item 13, "I have a bad reaction to medicine or drugs."

safety item 1, "My neighborhood is unsafe."

safety item 6, "I fear bodily harm."

love/belonging item 2, "I have no one with whom I can share my deep feelings."

self-esteem item 1, "I don't like how I look."

self-esteem item 8, "I have low status in the eyes of others."

self-esteem item 10, "I feel inadequate."

For the first, third, sixth, seventh, and ninth items listed above, female retired educators had significantly higher mean scores than male retired educators. This result indicates that, on several personal issues, female older Americans may be more likely to need the services of a counselor than male older Americans.

While there were a few need/problem items with significant differences among subject groups in response patterns for marital status, purpose of life, and attitude towards counseling, the items did not seem to be logically related to these variables and, therefore, are not discussed.

A one-way ANOVA was performed on all need/problem items of the SNAP with retired educators being grouped into the categories, "retired less than 5 years," and "retired more than 5 years." Five items showed a significant difference in mean score responses. Four of the items were from the love/belonging need area and one item was from the self-esteem area. In all cases, the mean score response decreased with time in retirement. This result may indicate an adjustment reaction to retirement; it is also possible that, with the passing of time, the severity of the love/belonging and self-esteem needs and problems diminishes.

In summary, the needs and problems of older Americans do vary by specific demographic variables. Counselors planning programs of intervention will need to be aware of differences in the nature and intensity of needs and problems existing within this group and adjust their services accordingly.

4. What are older Americans' attitudes toward being involved in counseling? Retired educators were least likely (37.8%) to use the services of a counselor. About two thirds (67.8%) of the working educators and almost all (83.3%) of the senior student group said "yes," they would use the services of a counselor. The clear conclusion is that counselors not only need to provide the counseling services, they will need to help older Americans to understand that counseling can be a positive influence in their lives.

5. Does the older American population differ from the younger in ranking lower (physiological and safety) needs and higher(love/belonging, self-esteem, and self-actualization) needs? When pooled mean scores were used the order of ranking for lower and higher needs was the same for senior students, working educators, and retired educators. However, in the case of both the lower and higher need areas there was a continued decrease in pooled mean scores from the senior student group to the working educator group to the retired educator group. In other words, retired educators saw the need/problem items of the SNAP as being, on the whole, less of a problem than did either the senior student group or working educator group. For all three groups the pooled mean scores were greater for lower needs than for higher needs. Therefore, counseling programs for older Americans should have a strong focus on physiological and safety problems and should be able to identify community resources that directly address these types of problems.

6. With regard to life satisfaction, how do older Americans differ from other age groups in the direction they see their lives taking from five years in the past to five years in the future?

Older Americans in this study displayed a very positive picture of their general life satisfaction, averaging approximately 7 on a 10 point scale. For the 10-year period in question, the senior student group and the working educator group averaged about the same level of life satisfaction as the retired educator group. However, there were slight differences among the three groups in the direction of change in life satisfaction over time.

The data from the senior student group indicated the lowest life satisfaction in the past and the highest in the future. The life satisfaction data for the working educator group indicated an almost unchanging pattern for the ten-year period in question. Retired educators had the highest life satisfaction for the past five years and the lowest for the future. However, the decreases in life satisfaction that retired educators projected for the future were minimal, with their overall feelings about the future being, still, positive.

The personal satisfactions and strengths apparent in these findings are a source of energy-for-change that counselors and other helping professionals may help to identify within the older American client, giving him or her a valuable resource for dealing with specific needs or problems.

Conclusions

A number of conclusions have been drawn from the data generated by this study.

1. The needs and problems of retired persons are less severe than a review of the literature on older Americans often indicates. Counselors and other helping professionals should be cautious in their assumptions as to the needs and problems likely to be encountered in their work with older Americans--especially if they have formulated their opinions from an overview of the literature related to aging and the aging process. At the same time it seems possible that retired educators differ from other retired persons in their needs and problems.

2. The specific needs and problems which were added by subjects of this study to those need/problem items listed in the SNAP had much higher mean score ratings than those items listed indicating the existence of more serious problems than those presented on the SNAP questionnaire. When they can remain anonymous, older Americans seem to be able to articulate their needs and problems on a level that surpasses the item specificity of this and, presumably, other broad spectrum assessment instruments. Therefore, it seems important that assessment instruments of the type used in this study provide older persons with the opportunity to express their personal needs and problems which may come to mind as they are considering specifically mentioned items.

3. Safety needs and problems are a great concern to retired educators. Many of the concerns mentioned (e.g. "I fear being

robbed" and "I worry about the state of the nation") point to the necessity for community action more than direct client change as a solution to such problems.

4. Retired educators, when asked to look for causes for the times they felt less sure of themselves, are most likely to focus on their own feelings or behavior rather than place the blame on other persons or situations. This indicates a higher understanding of one's self than when an external cause is sought to explain a particular self concept.

5. Generally there was much commonality among the three groups as to which problems were important. This situation suggests that young, middle-aged, and older Americans are more similar than different, and that treatment or services, where needed, will most likely be more similar than different for these three groups.

6. Retired educators reported that more physiological need/problem items were a greater problem for them than did either the senior student group or the working educator group.

7. Self-esteem and self-actualization items, when considered as a whole, presented much less of a problem to retired educators than to either the senior student group or the working educator group. On a relative basis, and as a group, retired educators seem to both understand and like who they are.

8. Of the three groups of subjects in this study, retired educators were most likely to espouse an unselfish, giving philosophy of life. It is this concern for the happiness of others

which underscores the type of social contribution which older persons can be especially encouraged to make to the life of their communities.

9. In this study, those respondents who were male seemed to find the need/problem items of the SNAP less important than did the females. It can be concluded that the percentage of the female older American population seeking assistance with personal problems will be greater than the percentage of older American males who would involve themselves in such a service.

10. Many of the problems present during the first five years of retirement seem to decrease in seriousness with the passing of time. This situation seems to indicate the importance of the need for preretirement counseling.

11. About one third of the older Americans in this study would use the services of a counselor. The data on the senior student group and the working educator group indicated that an even greater percentage of those individuals would use the services of a counselor. It might be concluded that, in the future, an increasing number of older persons will seek counselors as a resource for helping to solve personal problems.

12. According to the data collected, the later years in life are in no way destined to be filled with severe and debilitating problems. Retired educators in this study expressed less problems associated with the items in both the lower (physiological and safety) and higher (love/belonging, self-esteem, and self-actualization)

order need areas of the SNAP than did either the senior student group or the working educator group.

13. Generally, life satisfaction was high for all three groups of subjects in this study. It might be concluded, then, that the positive aspects of life do not disappear with age.

14. When the results of ranking the five need areas by the three groups of subjects were compared to pooled mean data (by group) for the five need/problem areas, differences in respective rank orderings were found to exist. Direct and indirect measures of needs and problems present different pictures as to the relative importance of the five need/problem areas.

Implications

This research attempted to provide insight into the needs and problems of older Americans. Much of the literature which has dealt with the elderly has made negative references to, and emphasized the decremental aspects of, aging. On the other hand, this study has found many positive reactions to aging. These reactions present a considerable contrast to past research findings.

1. The relatively low levels of need/problem/concerns expressed by the retired educators in this study offer evidence for a positive theory of aging. As more positive research findings are compiled and disseminated regarding the older population, the greater becomes the chance for changes in values and beliefs concerning aging. In short, a positive theory of aging can acquire the characteristics of a self-fulfilling prophesy. Professionals in

the field of gerontology are well aware of the social influences of "ageism." Yet, the same psychological process which in the past has had a negative influence on many individuals as they aged, now presents an equally possible basis for a positive influence on the values and beliefs about aging in our society.

2. Data from this study indicate that a majority of older Americans do not view counseling as a resource for problem solving. Practicing counselors and helping agencies who are concerned about offering relevant and effective services to the elderly will need to develop a program that bespeaks the benefits of personal counseling.

3. Older Americans in this study have identified personal needs and problems encompassing a broad spectrum of need areas. It is important for those persons who plan to work with older Americans to understand the characteristics and attitudes of this segment of our society. If counselors and other helping professionals are to be successful in helping older Americans deal with their problems, they will necessarily have to operate using a wide variety of therapy strategies and community resources.

4. It is important to approach each older American as a unique person. Each individual seeking help should be viewed as a person whose problems are as special as his or her strengths.

Suggestions for Further Research

The Survey of Needs and Problems was designed as a multi-purpose, broad-spectrum needs assessment instrument. In its

present form it contains some wording and theoretical concepts which may pose a problem to those older Americans who have a low level of education or find Maslow's (1943, 1954) concept of a needs hierarchy foreign to their way of thinking. Some modification of the instrument may be needed to broaden its applicability, but the SNAP stands as an instrument with many possible uses within the field of counseling. Those areas where the findings of this research suggest further examination are as follows:

1. Further analysis of the open-ended statement data could provide information necessary for further revision of the SNAP questionnaire. An analysis of write-in responses to the need/problem section might provide data to expand or revise the items as now listed.

2. The semantic differential or Likert-type scale used by the subjects to rate the need/problem items may need revising. It is possible that different data might have been gathered by the use of a scale with a neutral response at mid-point.

3. The item on living arrangements yielded results that were difficult to interpret. A revision of this item might provide more useful information.

4. Another area of possible change in the SNAP involves the subject's sense of power or powerlessness in the face of personal needs or problems. This issue is very important to the success of counseling and it would seem quite helpful to be able to measure the client's ability to seek help or to make changes in the face of stated needs or problems.

5. Research is also needed that uses the SNAP questionnaire items in an interview format and compares the results with a group that was able to complete the instrument anonymously. Results could lead to devising a more appropriate method for gathering data on the needs and problems of the older American population.

6. Research is needed to determine if there are types or styles of counseling which are more acceptable to older Americans, or if there are certain preconditions under which older Americans might be more likely to engage the services of a counselor.

7. Another area offering research possibilities is the way values and beliefs influence the lives of older Americans. An examination of this personal system may lead to more healthy ways of being.

8. Presently there is very little research which deals with any aspect in the lives of minority older Americans. Research is needed which specifically targets this population.

As a final note, the results of this research have served to underscore a new optimism in the field of counseling older Americans. Aging is not necessarily the harbinger of decrements in the quality of life. Happiness and the enjoyment of living are geared to accepting one's self and working with one's life situation. Counselors can be helpful in this process which can serve humanity by improving the quality of life of each individual.

APPENDIX A

NEED/PROBLEM AREA DEFINITIONS
FOR FACE VALIDITY CHECK

DIRECTIONS: PLEASE MATCH THE DESCRIPTIVE STATEMENTS BELOW WITH THE APPROPRIATE TITLE.

(MASLOW'S FIVE NEED AREAS)

	PHYSIOLOGICAL	SAFETY	LOVE/ BELONGING	SELF- ESTEEM	SELF- ACTUALIZATION
THIS AREA INCLUDES ALL THE NEEDS AND PROBLEMS THAT ARISE DUE TO THE UNEXPECTED OR UNFAMILIAR. IT CONCERNS THE FUTURE AND THE NEGATIVE THINGS THAT MIGHT HAPPEN TO YOU. IT ALSO INCLUDES TRANSPORTATION NEEDS AND FINANCIAL WORRIES	7				
THIS AREA DEALS WITH FULFILLING ONE'S POTENTIAL, OF BECOMING ALL THAT WE CAN BE. NEEDS OR PROBLEMS IN THIS AREA RE BLOCKS TO HOW WE MOLD OURSELVES INTO A UNIQUE PERSON.					7
THIS AREA CONCERNS LOVING AND BEING LOVED, OF HAVING A SENSE OF BELONGING TO A GROUP OR COMMUNITY.			7		
NEEDS HERE ARE DERIVED FROM THE BODY'S EFFORTS TO MAINTAIN THE LIFE OF THE INDIVIDUAL. IT COVERS YOUR HEALTH PROBLEMS AND THE BODY SUPPORT SYSTEMS.	7				
THIS AREA CONCERNS PRIDE IN OURSELVES. IT COMES FROM OUR ACTIONS, OR HOW WE SEE OTHERS AS VIEWING US. IT IS BELIEVING IN ONESELF.				7	

APPENDIX B

COMPREHENSIVE LIST FOR ITEM VALIDITY GIVEN TO PANEL OF EXPERTS

DIRECTIONS: THE ITEMS BELOW ARE DESIGNED TO ELICIT RESPONSES CONCERNING VARIOUS PROBLEMS AND NEEDS. SOME ITEMS ARE AIMED AT SPECIFIC NEED AREAS, OTHERS ARE MORE GENERAL, WITH RESPONSES EXPECTED IN ALL AREAS. PLEASE CHECK THE AREA(S) YOU THINK THE ITEM DEALS WITH.

	PHYSIOLOGICAL	SAFETY	LOVE/BELONGING	SELF-ESTEEM	SELF-ACTUALIZATION	ALL CATEGORIES	DON'T KNOW
I HAVE NO ONE WITH WHOM I CAN SHARE MY DEEP FEELINGS			7				
I AM BORED		1		1	4		1
I WORRY ABOUT WAR		6	2				
I FEEL INFERIOR TO OTHERS			1	7			
I DON'T EAT WELL BALANCED MEANS	6			2			
I HAVE NO POTENTIAL	1	1	2	5	2		
I NEED MORE PEOPLE WITH WHOM TO BE INTIMATE			6	1			
I FIND I LIVE IN THE PAST		2	3	1	3		
MY NEIGHBORHOOD IS UNSAFE		6	1				
I DON'T FEEL USEFUL ENOUGH			1	7			
MY HOUSING IS OF POOR QUALITY	4	3		1			
I DON'T GET ENOUGH RECREATION	7						
I DON'T HAVE A SENSE OF BELONGING TO MY COMMUNITY			7				
I HAVE NO SENSE OF MISSION IN LIFE	1	1	1	1	6		
I AM LESS HAPPY NOW THAN WHEN I WAS YOUNGER		2	1	3	2	2	
MY HOUSE IS NOT SECURE		7					
I HAVE TROUBLE RELAXING	3					2	2
I DON'T VISIT OR GET VISITED ENOUGH			7				
I AM DEPRESSED	1		2	5	2	1	
I WORRY ABOUT INSURANCE		7					

DIRECTIONS: THE ITEMS BELOW ARE DESIGNED TO ELICIT RESPONSES CONCERNING VARIOUS PROBLEMS AND NEEDS. SOME ITEMS ARE AIMED AT A SPECIFIC NEED AREA, OTHERS ARE MORE GENERAL, WITH RESPONSES EXPECTED IN ALL AREAS. PLEASE CHECK THE AREA(S) YOU THINK THE ITEM DEALS WITH.

	PHYSIOLOGICAL	SAFETY	LOVE/BELONGING	SELF-ESTEEM	SELF-ACTUALIZATION	ALL CATEGORIES	DON'T KNOW
I DON'T GET ENOUGH ATTENTION OR RECOGNITION			3	6			
I HAVE A DISEASE (SPECIFY)-----	7	1					
I DON'T EXPRESS MY INNER SELF			2	2	5		
I'M NOT LEARNING, PROGRESSING				2	5	1	
I NEED TO FIND OTHERS MY AGE WITH WHOM I CAN SHARE MUTUAL CONCERNS			7				
I AM FULL OF ACHES AND PAINS	7						
PROBLEMS WITH MY FRIENDS: NOT ENOUGH AFFECTION NO SENSE OF BELONGING NO SENSE OF TRUST I CANNOT CONFIDE MY DEEPEST FEELINGS		1	7 7 6 7	1			
I WORK, BUT I DON'T LIKE IT (EXPLAIN)-----	1	2		4	3		
I HAVE LOW STATUS IN THE EYES OF OTHERS			1	7			
I DON'T KNOW WHAT IS AVAILABLE IN THE COMMUNITY IN THE WAY OF SOCIAL SERVICES	2	4	1				
GETTING GOOD PROFESSIONAL CARE IS HARD	4	1					2
I DON'T WORK	2	3		2	2		
I HAVE TROUBLE GETTING OUT AND MEETING PEOPLE			6	1			
I DON'T KNOW HOW TO GET LEGAL SERVICES		5					2
I HAVE TROUBLE WITH THE PHYSICAL CHANGES THAT ARE A PART OF MY AGING	6			4		1	
I HAVE A FEAR OF RELOCATING OR BEING RELOCATED		6	2	1			

DIRECTIONS: THE ITEMS BELOW ARE DESIGNED TO ELICIT RESPONSES CONCERNING VARIOUS PROBLEMS AND NEEDS. SOME ITEMS ARE AIMED AT A SPECIFIC NEED AREA, OTHERS ARE MORE GENERAL, WITH RESPONSES EXPECTED IN ALL AREAS. PLEASE CHECK THE AREA(S) YOU THINK THE ITEM DEALS WITH.

	PHYSIOLOGICAL	SAFETY	LOVE/BELONGING	SELF-ESTEEM	SELF-ACTUALIZATION	ALL CATEGORIES	DON'T KNOW
I DON'T KEEP BUSY		1		4	2		1
I DON'T LIKE HOW I LOOK				7			
I DON'T FEEL VERY AFFECTIONATE			7				
I DON'T SLEEP WELL	7	1			1		
I DON'T EXPRESS MYSELF CREATIVELY				1	6		
I DON'T FEEL PSYCHOLOGICALLY WELL ADJUSTED	2		1	3	1	2	
I HAVE NO ENERGY FOR LIVING	2		2	2	3		
I AM NOT APPRECIATED			5	6			
I WORRY ABOUT THE STATE OF THE NATION		7	2				
I NEED TO FIND OTHERS MY AGE WITH WHOM TO SHARE RECREATIONAL ACTIVITIES			7	1			
I FEEL ISOLATED FROM OTHERS	1		7				
I HAVE A HEARING LOSS	7						
I HAVE A SIGHT LOSS	7						
OTHER SENSORY LOSS (SPECIFY)-----	7						
I HAVE NO RELIGION		1	2	1	4		
I FEEL WORSE OFF THAN OTHERS	1	2	1	5		2	
I CAN'T SHARE MY FEELINGS			7	1			
I'M FORGETFUL OR ABSENT-MINDED				1	1	1	3
I HAVE NO FEELINGS OF SPIRITUAL GROWTH			1	1	5	1	
I'M HAVING PROBLEMS WITH AGENCIES (SPECIFY)	1	4	2				2

DIRECTIONS: THE ITEMS BELOW ARE DESIGNED TO ELICIT RESPONSES CONCERNING VARIOUS PROBLEMS AND NEEDS. SOME ITEMS ARE AIMED AT A SPECIFIC NEED AREA, OTHERS ARE MORE GENERAL, WITH RESPONSES EXPECTED IN ALL AREAS. PLEASE CHECK THE AREA(S) YOU THINK THE ITEMS DEAL WITH.

	PHYSIOLOGICAL	SAFETY	LOVE/BELONGING	SELF-ESTEEM	SELF-ACTUALIZATION	ALL CATEGORIES	DON'T KNOW
I FEAR BODILY HARM	2	7					
I HAVE DENTAL PROBLEMS	7						
I FEEL CONTROLLED AND STIFLED			2	3	5		
I FEEL SCATTERED, IF HAVE NOT INTEGRATED THE MANY PARTS OF ME		1		3	5	1	
I CAN'T DO ANYTHING WELL				7	2		
I FEAR BEING ROBBED		7					
PROBLEMS WITH SPOUSE OR PARTNER: AMOUNT OF AFFECTION DON'T DO THINGS TOGETHER DON'T ENJOY EACH OTHER NO HONESTY BETWEEN US NO RESPECT FOR EACH OTHER			7 7 7 6 7	1 3 1 3			
I'M RECOVERING FROM ILLNESS OR TREATMENT	7						
I AM LESS HAPPY NOW THAN WHEN I WAS YOUNGER		2	1	4	2	2	
I DON'T OWN ANYTHING OF VALUE		1		4			2
PROBLEMS WITH FAMILY: NOT ENOUGH LOVE NO SENSE OF BELONGING NO SENSE OF TRUSTING CANNOT CONFIDE DEEP FEELINGS			7 7 2 1				
GENERALLY, MY HEALTH IS POOR	7						
I LIVE IN A POOR NEIGHBORHOOD	1	5		4			1
I DON'T HAVE ACCESS TO A TELEPHONE	1	5	2			1	1
I HAVE (TRANSPORTATION) DIFFICULTIES GETTING PLACES	3	4	1			1	

DIRECTIONS: THE ITEMS BELOW ARE DESIGNED TO ELICIT RESPONSES CONCERNING VARIOUS PROBLEMS AND NEEDS. SOME ITEMS ARE AIMED AT A SPECIFIC NEED AREA, OTHERS ARE MORE GENERAL, WITH RESPONSES EXPECTED IN ALL AREAS. PLEASE CHECK THE AREA(S) YOU THINK THE ITEM DEALS WITH.

	PHYSIOLOGICAL	SAFETY	LOVE/BELONGING	SELF-ESTEEM	SELF-ACTUALIZATION	ALL CATEGORIES	DON'T KNOW
I AM DEPRESSED	1		2	4	1	1	
I HAVE TROUBLE WITH THE CHANGES IN MY LIFE (EXPLAIN)-----	2	2	1	2	5	1	1
EXPRESSING MY SEXUAL NEEDS IS DIFFICULT	4		4	3	1		
I DO NOT HAVE A COMFORTABLE TEMPERATURE IN MY HOME	5	1	2	2	1		
MY LIFE HOLDS NO EXCITEMENT	2	2	1	1	3		
CRITICISM THREATENS MY SELF ESTEEM			2	7			
I FEEL INADEQUATE			1	7			
I DO NOT LIVE IN TERMS OF MY VALUES			1	1	6		
IT IS TOO NOISY WHERE I LIVE	6	1					
MY RESIDENCE IS NOT MADE IN A WAY THAT SUITES MY NEEDS (EXPLAIN)-----	6	3	2				

DIRECTIONS: THE ITEMS BELOW ARE DESIGNED TO ELICIT RESPONSES CONCERNING VARIOUS PROBLEMS AND NEEDS. SOME ITEMS ARE AIMED AT A SPECIFIC NEED AREA, OTHERS ARE MORE GENERAL, WITH RESPONSES EXPECTED IN ALL AREAS. PLEASE CHECK THE AREA(S) YOU THINK THE ITEM DEALS WITH

	PHYSIOLOGICAL	SAFETY	LOVE/BELONGING	SELF-ESTEEM	SELF-ACTUALIZATION	ALL CATEGORIES	DON'T KNOW
MY EXPENSES ARE INCREASING (EXPLAIN)-----	2	6			1		
MY WATER IS BAD OR POLLUTED	6	1					
MY AIR IS BAD OR POLLUTED	6	1					
I HAVE TROUBLE WALKING OR CLIMBING	7			1			
I DON'T KNOW MY WAY AROUND WHERE I LIVE	2	6					
I HAVE BAD REACTIONS TO DRUGS OR MEDICATION	7						
I DON'T USE PREVENTIVE MEDICINE	7						
I DON'T KEEP MY BODY WELL GROOMED	7			5			
I FEAR FAILURE			1	7			
WHAT I NEED FROM OTHERS IS-----			6	2	1		
I FEAR-----		6		1		1	
MY MEALS ARE-----	7						
THE PURPOSE OF LIFE IS-----					5	2	
I WANT-----			1	1	2	6	
MY HAPPIEST TIME-----			1	1	3	3	
MY FAMILY-----		2	5	4		2	
I FEEL I'VE ALWAYS GOT TO LOOK OUT FOR-----	2	6					
MY HEALTH-----	7	1					
I NEED-----	1	1	1	1	2	4	
I DON'T FEEL I BELONG TO-----			7	2	1		
MY LOVE NEEDS ARE-----			7	1			

DIRECTIONS: THE ITEMS BELOW ARE DESIGNED TO ELICIT RESPONSES CONCERNING VARIOUS PROBLEMS AND NEEDS. SOME ITEMS ARE AIMED AT A SPECIFIC NEED AREA, OTHERS ARE MORE GENERAL, WITH RESPONSES EXPECTED IN ALL AREAS. PLEASE CHECK THE AREA(S) YOU THINK THE ITEM DEALS WITH.

	PHYSIOLOGICAL	SAFETY	LOVE/BELONGING	SELF-ESTEEM	SELF-ACTUALIZATION	ALL CATEGORIES	DON'T KNOW
I REALIZE MY DREAMS WHEN-----				3	7		
IF MY BODY HAD A VOICE IT WOULD SAY"-----	6			1		1	
OTHERS BELIEVE I-----			4	6			
I FEEL ALIENATED WHEN-----		7					
MY GREATEST WORRY IS-----	1	3	1	3		3	
I AM/FEEL THE MOST UNSAFE WHEN-----		7					
PEOPLE FAIL TO GIVE ME CREDIT OR RECOGNITION FOR-----				7			
I LACK THE INTIMACY I NEED WITH-----			7				
I FEEL THREATENED WHEN-----		7					
I WISH-----					3	4	
I FIND IT DIFFICULT TO-----			1	2		3	1
TO EXPAND AND GROW AS A PERSON, I NEED-----					5	2	
I FEEL LESS SURE OF MYSELF WHEN-----			1	7			
MY FRIENDS-----			7	1			
I LIVE TO-----					6	1	
I AM NOT SATISFIED WITH-----				2	2	3	
MY HIGHEST FEELINGS COME FROM-----			1	1	5		
I LACK SELF CONFIDENCE WHEN-----		1		6			
I DON'T FEEL CLOSE TO-----			7				
MY TRANSPORTATION NEEDS ARE-----	2	4					1
MY MOST VALUABLE POSSESSION-----		1		4		2	2

DIRECTIONS: THE ITEMS BELOW ARE DESIGNED TO ELICIT RESPONSES CONCERNING VARIOUS PROBLEMS AND NEEDS. SOME ITEMS ARE AIMED AT A SPECIFIC NEED AREA, OTHERS ARE MORE GENERAL, WITH RESPONSES EXPECTED IN ALL AREAS. PLEASE CHECK THE AREA(S) YOU THINK THE ITEM DEALS WITH.

	PHYSIOLOGICAL	SAFETY	LOVE/BELONGING	SELF-ESTEEM	SELF-ACTUALIZATION	ALL CATEGORIES	DON'T KNOW
I SUFFER WHEN-----	2					5	
MY LIFE IS-----			1	2	2	5	
MY PEERS THINK I-----			5	5			
INTELLECTUALLY I'M -----				7	3		
I-----				2	1	4	
MY UNMET SPIRITUAL NEEDS ARE -----		1		1	5		
I AM CONCERNED ABOUT-----		2				5	
MY PRESENT JOB GIVES ME-----		4	2	5	3		
I FEEL MOST ALIVE WHEN-----					4	3	
I WORRY MOST ABOUT LOOSING-----	1	4	2	2		2	
MY MENTAL HEALTH NEEDS ARE-----	1		2	3	3	4	
WHEN MY ENERGY FOR LIVING IS LOW, IT'S BECAUSE-----	2	2	1	2		4	
I CAN'T-----	3	2	1	4	1	2	
MY SEXUAL NEEDS-----	4		4	1	1	1	
MY MONEY -----	2	7		1			
MY HOME (WHERE I SLEEP) MAKES ME REALIZE I NEED-----	3	5	2	2			
TO INCREASE MY ABILITY TO RELAX, I NEED---	2	2	1	1	1	2	1
MY MEDICAL NEEDS-----	7						
MY ENERGY LEVEL-----	4		1	1	1	3	
I DON'T EXERCISE	7			1	1		


APPENDIX C

SURVEY OF NEEDS AND PROBLEMS


SURVEY OF NEEDS AND PROBLEMS

INTRODUCTION FIRST, THANK YOU FOR ANSWERING THIS QUESTIONNAIRE. I WANT TO FIND OUT THE NEEDS AND PROBLEMS OF THREE GROUPS (STUDENTS IN THE COLLEGE OF EDUCATION, WORKING EDUCATORS, AND RETIRED EDUCATORS) IN ORDER TO INCREASE OUR UNDERSTANDING OF LIFE SPAN DEVELOPMENT.

YOUR PARTICIPATION IN THIS STUDY IS IMPORTANT, AND I AM MORE THAN HAPPY TO SHARE THE RESULTS WITH YOU (SEE BOTTOM OF LAST PAGE).







DATA SHEET

SEX: MALE FEMALE AGE LAST BIRTHDAY YEARS

RACE: CAUCASIAN NEGRO HISPANIC ORIENTAL

	INDIAN	OTHER
1. Name of the person		
2. Address		
3. Date of birth		
4. Place of birth		
5. Date of death		
6. Cause of death		
7. Date of burial		
8. Place of burial		
9. Name of the cemetery		
10. Name of the funeral home		
11. Name of the physician		
12. Name of the coroner		
13. Name of the undertaker		
14. Name of the funeral home		
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99. Name of the funeral home		
100. Name of the funeral home		

LAST GRADE OF REGULAR SCHOOL COMPLETED: HIGH SCHOOL 1 2 3 4

COLLEGE 1 2 3 4 GRADUATE SCHOOL 1 2 3 4 5 or MORE

HIGHEST DEGREE HELD

MARITAL STATUS: MARRIED REMARRIED DIVORCED

NEVER MARRIED WIDOWED

LIVING ARRANGEMENT: LIVE ALONE LIVE WITH NON RELATIVE

LIVE WITH SPOUSE LIVE WITH FAMILY

WHERE DO YOU LIVE? OWN HOME OR APARTMENT RENT ROOM

RENT HOME OR APARTMENT	RELATIVE'S HOME OR APART.
------------------------	---------------------------

FRIEND'S HOME OR APARTMENT FOSTER CARE

OTHER _____

LOCATION: BIG CITY, METROPOLITAN AREA, OR SUBURB

MEDIUM CITY OR SUBURB TOWN COUNTRY, RURAL

INCOME:	0-\$5,000	5-\$10,000	10-\$15,000
---------	-----------	------------	-------------

15-\$25,000	\$25,000 and UP
-------------	-----------------

MAIN SOURCE OF INCOME

IF RETIRED GIVE DATE

NEEDS, PROBLEMS, AND CONCERNS ARE AREAS WHERE SOMETHING COULD BE ADDED OR CHANGED TO IMPROVE OUR LIVES. WE ALL HAVE NEEDS AND PROBLEMS, I HAVE DIVIDED THEM INTO FIVE CATEGORIES.

INSTRUCTIONS

TAKE ONE AREA OF NEEDS AND PROBLEMS AT A TIME AND RESPOND AS HONESTLY AND AS COMPLETELY AS POSSIBLE. WHEN YOU ARE ASKED WHICH NEED/PROBLEM IS MOST IMPORTANT TO YOU, DEFINE IMPORTANCE AS THE AMOUNT OF TIME, ENERGY, AND THOUGHT INVOLVED.

*** ** **

I. (SAFETY) THE AREA OF SAFETY INCLUDES ALL THE NEEDS AND PROBLEMS THAT ARISE DUE TO THE UNEXPECTED, FEARED, OR THE UNFAMILIAR. IT CONCERNS THE FUTURE AND THE NEGATIVE THINGS THAT MIGHT HAPPEN TO YOU. THIS AREA ALSO INCLUDES YOUR TRANSPORTATION NEEDS AND FINANCIAL PROBLEMS.

RATE THE ITEMS BELOW AS THEY APPLY TO YOUR LIFE NOW	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
1. MY NEIGHBORHOOD IS UNSAFE					
2. I DON'T KNOW MY WAY AROUND WHERE I LIVE					
3. I FEAR BEING ROBBED					
4. I WORRY ABOUT THE STATE OF THE NATION					
5. MY HOUSE IS NOT SECURE					
6. I FEAR BODILY HARM					
7. I HAVE A FEAR OF RELO- CATING OR OF BEING RE- LOCATED					
8. I WORRY ABOUT WAR					
9. MY EXPENSES ARE IN- CREASING (Explain _____ _____)					

CONTINUED ON NEXT PAGE

SAFETY AREA
(CONTINUED)

BELOW PLEASE LIST AND RATE ANY ADDITIONAL NEED OR PROBLEMS YOU MAY HAVE IN THE SAFETY AREA	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
10. _____ _____					
11. _____ _____					
12. _____ _____					
13. _____ _____					

LOAD BACK OVER THE ENTIRE SAFETY AREA AND CIRCLE THE NUMBER OF THE NEED
OR PROBLEM THAT IS MOST IMPORTANT TO YOU. REMEMBER, IMPORTANCE MEANS THE
AMOUNT OF TIME, ENERGY AND/OR THOUGHT INVOLVED.

WHICH ONE IS THE MOST IMPORTANT? (NUMBER) _____

**** * * * * *

II. (SELF-ACTUALIZATION) THIS AREA DEALS WITH FULFILLING ONE'S POTENTIAL, OF BECOMING ALL THAT WE CAN BE. NEEDS OR PROBLEMS IN THIS AREA ARE BLOCKS TO HOW WE MOLD OURSELVES INTO A UNIQUE PERSON.

RATE THE ITEMS BELOW AS THEY APPLY TO YOUR LIFE NOW	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
1. I'M NOT GROWING AN AN INDIVIDUAL					
2. I DON'T EXPRESS MYSELF CREATIVELY					
3. I HAVE NO SENSE OF MISSION IN LIFE					
4. I DON'T LIVE IN TERMS OF MY VALUES					
5. I HAVE NO FEELINGS OF SPIRITUAL GROWTH					
6. TO GROW AS A PERSON REQUIRES THAT I CHANGE BUT CHANGES ARE HARD FOR ME					
7. I HAVE NO HIGH FEELINGS ABOUT MY LIFE					
PLEASE LIST AND RATE OTHER PROBLEMS YOU MAY HAVE IN THIS AREA	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
8. _____ _____					
9. _____ _____					

CONTINUED ON NEXT PAGE

SELF-ACTUALIZATION AREA

(CONTINUED)

BELOW PLEASE LIST AND RATE THE ADDITIONAL NEEDS OR PROBLEMS YOU MAY HAVE IN THE SELF-ACTUALIZATION AREA	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
10. _____ _____ _____					
11. _____ _____ _____					

LOOK BACK OVER THIS AREA OF SELF-ACTUALIZATION NEEDS AND PROBLEMS AND CIRCLE
THE NUMBER OF THE NEED OR PROBLEM THAT IS MOST IMPORTANT TO YOU.

WHICH IS THE MOST IMPORTANT? (NUMBER) _____

III. (LOVE/BELONGING) THIS AREA CONCERNS LOVING AND BEING LOVED, OF HAVING A SENSE OF BELONGING TO A GROUP OR A COMMUNITY.

PLEASE RATE THESE ITEMS AS THEY APPLY TO YOUR LIFE NOW	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
1. I HAVE TROUBLE GETTING OUT AND MEETING PEOPLE					
2. I HAVE NO ONE WITH WHOM I CAN SHARE MY DEEP FEELINGS					
3. I DON'T HAVE A SENSE OF BELONGING TO MY COMMUNITY					
4. I DON'T VISIT OR GET VISITED ENOUGH					
5. I NEED TO FIND OTHERS MY AGE WITH WHOM I CAN SHARE MY MUTUAL CONCERNS					
6. I CAN'T SHARE MY FEELINGS					
7. I NEED OT FIND OTHERS MY AGE WITH WHOM TO SHARE RECREATIONAL ACTIVITIES					
PLEASE LIST AND RATE OTHER PROBLEMS YOU MAY HAVE IN THE LOVE/BELONGING AREA	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
8. _____					
9. _____					
10. _____					

CONTINUED ON NEXT PAGE

LOVE/BELONGING AREA

(CONTINUED)

BELOW, NEEDS AND PROBLEMS IN THE LOVE/BELONGING AREA DEAL WITH 1) SPOUSE OR PARTNER, 2) FAMILY, AND 3) FRIENDS.

PLEASE RATE EACH OF THESE ITEMS AS THEY APPLY TO LIFE NOW SPOUSE OR PARTNER	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
11. THERE IS NOT ENOUGH AFFECTION BETWEEN US					
12. WE DON'T ENJOY EACH OTHER					
13. THERE IS NO HONESTY BETWEEN US					
14. _____					
15. _____					

FAMILY NEEDS OR PROBLEMS

16. NOT ENOUGH LOVE					
17. NO SENSE OF BELONGING					
18. NO SENSE OF TRUSTING					
19. I CANNOT CONFIDE MY DEEP FEELINGS					
20. _____					
21. _____					

CONTINUED ON NEXT PAGE

LOVE/BELONGING AREA

(CONTINUED)

NEEDS OR PROBLEMS WITH FRIENDS	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
22. NOT ENOUGH AFFECTION					
23. NO SENSE OF BELONGING					
24. NO SENSE OF TRUST					
25. CANNOT CONFIDE DEEP FEELINGS					
26. _____ _____					
27. _____ _____					

LOOK BACK OVER THE ENTIRE LOVE/BELONGING AREA AND CIRCLE THE NUMBER OF THE ITEM THAT YOU SEE AS YOUR MOST IMPORTANT NEED OR PROBLEM (IN THIS AREA) WHICH IS THE MOST IMPORTANT? (NUMBER) _____

*** **

IV. (PHYSIOLOGICAL) NEEDS IN THIS AREA ARE DERIVED FROM THE BODY'S EFFORT TO MAINTAIN THE LIFE OF THE INDIVIDUAL. IT COVERS YOUR HEALTH NEEDS AND PROBLEMS AND THE BODY SUPPORT SYSTEMS.

RATE THE ITEMS AS THEY APPLY TO YOUR LIFE NOW	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
1. I DON'T EXERCISE					
2. I DON'T SLEEP WELL					
3. I HAVE DENTAL PROBLEMS					
4. MY AIR IS BAD OR POLLUTED					
5. I DON'T GET ENOUGH RECREATION					
6. MY DRINKING WATER IS BAD OR POLLUTED					
7. I DON'T EAT WELL BALANCED MEALS					
8. GENERALLY MY HEALTH IS POOR					
9. I AM FULL OF ACHES AND PAINES					
10. I DON'T USE PREVENTIVE MEDICINE					
11. I HAVE TROUBLE WITH THE PHYSICAL CHANGES THAT ARE A PART OF MY AGING					
12. I HAVE TROUBLE WALKING OR CLIMBING					
13. I HAVE BAD REACTIONS TO DRUGS OR MEDICATION					
14. IT IS TOO NOISY WHERE I LIVE					

CONTINUED ON NEXT PAGE

PHYSIOLOGICAL AREA

(CONTINUED)

RATE THE ITEMS AS THEY APPLY TO YOUR LIFE NOW	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
15. I DON'T KEEP MY BODY WELL GROOMED					
16. I AM RECOVERING FROM TREATMENT OR ILLNESS					
17. I HAVE A HEARING LOSS					
18. I HAVE A SIGHT LOSS					
PLEASE ADD THE REQUESTED INFORMATION AND RATE THE ITEMS BELOW					
19. IF YOU HAVE A SENSORY LOSS BESIDES HEARING OR SIGHT, PLEASE SPECIFY AND RATE _____					
20. IF YOU HAVE A DISEASE PLEASE SPECIFY AND RATE _____					
21. MY RESIDENCE IS NOT MADE IN A WAY THAT SUITS MY NEEDS (EXPLAIN) _____					
PLEASE LIST AND RATE ANY OTHER NEEDS OR PROBLEMS YOU MAY HAVE IN THE PHYSIOLOGICAL AREA					
22. _____					

CONTINUED ON NEXT PAGE

PHYSIOLOGICAL AREA

(CONTINUED)

PLEASE LIST AND RATE ANY OTHER NEEDS OR PROBLEMS YOU MAY HAVE IN THE PHYSIOLOGICAL AREA	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
23. _____ _____					
24. _____ _____					

LOOK BACK OVER THE ENTIRE PHYSIOLOGICAL AREA AND CIRCLE THE NUMBER OF THE
NEED OR PROBLEM THAT IS MOST IMPORTANT TO YOU.

WHICH ONE (NUMBER) _____

**** **** **** **** ****

V. (SELF-ESTEEM) THIS AREA CONCERNS PRIDE IN OURSELVES. IT CAN COME FROM OUR ACTIONS, OR HOW WE SEE OTHERS AS VIEWING US. SELF-ESTEEM IS BELIEVING IN ONESELF.

PLEASE RATE THE ITEMS BELOW AS THEY APPLY TO YOUR LIFE NOW	VERY SERIOUS PROBLEM FOR ME	SOMEWHAT SERIOUS PROBLEM FOR ME	HARDLY ANY PROBLEM FOR ME	TRUE BUT NO PROBLEM FOR ME	NOT TRUE FOR ME
1. I DON'T LIKE HOW I LOOK					
2. I CAN'T DO ANYTHING WELL					
3. I AM NOT APPRECIATED					
4. I FEEL INFERIOR TO OTHERS					
5. I DON'T FEEL USEFUL ENOUGH					
6. I DON'T GET ENOUGH ATTENTION OR RECOGNITION					
7. CRITICISM THREATENS ME					
8. I HAVE LOW STATUS IN THE EYES OF OTHERS					
9. I FEAR FAILURE					
10. I FEEL INADEQUATE					
PLEASE LIST AND RATE ANY OTHER PROBLEMS YOU MAY HAVE IN THE SELF-ESTEEM AREA					
11. _____					
12. _____					
13. _____					

LOOK BACK OVER THE ENTIRE SELF-ESTEEM AREA AND CIRCLE THE NEED OR PROBLEM ITEM THAT IS MOST IMPORTANT TO YOU. WHICH ONE? (NUMBER) _____

**** **** **** ****

RANKING THE FIVE AREAS

THE QUESTION BELOW ASKS YOU TO RANK THE FIVE NEED/PROBLEM AREAS THAT WE HAVE COVERED. PLEASE RANK THEM ACCORDING TO THEIR PRESENT IMPORTANCE IN YOUR LIFE. REMEMBER TO USE IMPORTANCE AS THE AMOUNT OF TIME, ENERGY, OR THOUGHT YOU PUT INTO SOMETHING.

LOVE/BELONGING SAFETY SELF-ACTUALIZATION SELF-ESTEEM PHYSIOLOGICAL

- | | | |
|----|--|-----------------|
| 1. | | MOST IMPORTANT |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | LEAST IMPORTANT |

COUNSELORS ARE TRAINED INDIVIDUALS WHOSE JOB IT IS TO HELP PEOPLE WORK THROUGH PROBLEMS THAT MAY BLOCK THEIR PERSONAL GROWTH OR HAPPINESS. WOULD YOU USE THE SERVICES OF A COUNSELOR?

_____ YES _____ NO

PLEASE EXPLAIN _____

IF YOU SAID YES ABOVE:

1. OF THE MANY KINDS OF SERVICES A COUNSELOR CAN PROVIDE, WHICH ONES WOULD YOU USE? _____
2. WHAT PROBLEMS WOULD YOU WORK ON IN COUNSELING? _____

OPEN-ENDED STATEMENTS

BELOW ARE SOME OPEN-ENDED STATEMENTS I WOULD LIKE YOU TO COMPLETE. WHEN RESPONDING, THINK OF HOW THINGS ARE AT THIS POINT IN YOUR LIFE.

1. I DON'T FEEL CLOSE TO _____
2. I FEEL LESS SURE OF MYSELF WHEN _____
3. OTHERS BELIEVE I _____
4. MY UNMET GOAL IN LIFE IS _____
5. MY MEALS ARE _____
6. I FEEL I'VE ALWAYS GOT TO LOOK OUT FOR _____
7. PEOPLE FAIL TO GIVE ME CREDIT OR RECOGNITION FOR _____
8. I LIVE TO _____
9. MY HEALTH _____
10. MY MEDICAL NEEDS _____
11. I FEEL THREATENED WHEN _____
12. I _____
13. TO EXPAND AND GROW AS A PERSON I NEED _____
14. MY MONEY _____
15. I REALIZE MY DREAMS WHEN _____
16. I FEAR _____
17. MY LOVE NEEDS ARE _____
18. THE PURPOSE OF LIFE IS _____
19. IF MY BODY HAD A VOICE IT WOULD SAY, " _____ "
20. I DON'T FEEL I BELONG TO _____
21. INTELLECTUALLY, I'M _____
22. MY GREATEST WORRY/NEED/PROBLEM IS _____
23. WHEN MY ENERGY FOR LIVING IS LOW, IT'S BECAUSE _____

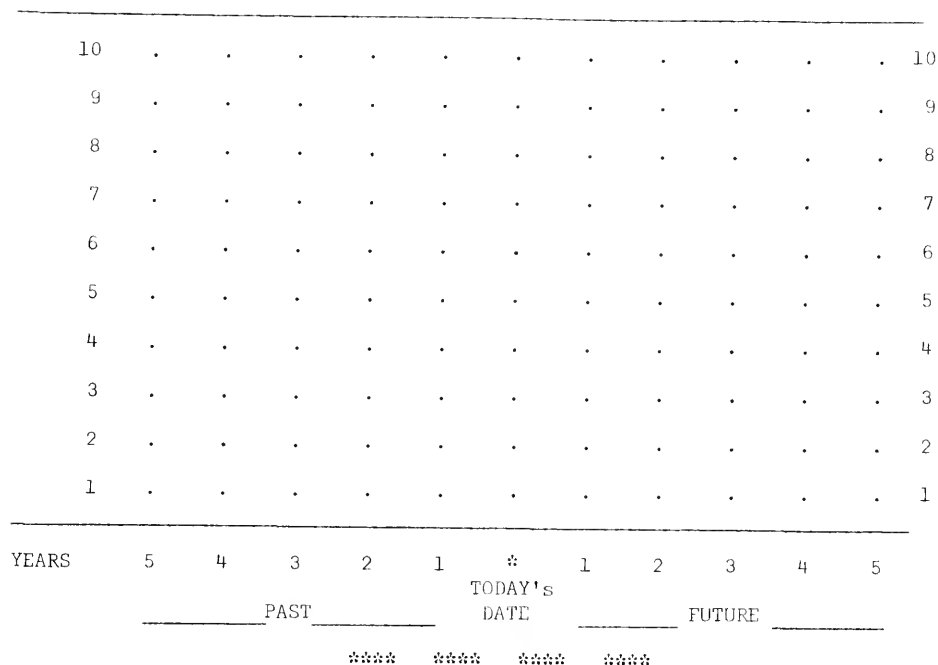
**** **** **** ****

ONE FINAL QUESTION

BELOW IS A GRAPH THAT RUNS FROM 1974 TO 1984. PLEASE DRAW YOUR LIFE SATISFACTION LINE--HOW IT'S BEEN AND HOW YOU THINK IT WILL BE.

10 = THE HIGHEST HIGH, THINGS CAN'T BE BETTER

1 = THE LOWEST LOW, THINGS CAN'T BE WORSE



AGAIN I WOULD LIKE TO THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY. IF YOU DESIRE THE RESULTS OF THIS RESEARCH, DETACH AND MAIL THE FORM BELOW

Please send me a summary of your research results

SEND TO:

JAMES M. ORR, JR.
311 LITTLE HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FLORIDA 32611

NAME _____
STREET _____
CITY _____
STATE _____ ZIP _____

APPENDIX D

FORM LETTER TO SUBJECTS

POST CARD TO BE RETURNED TO RESEARCHER

GOOD MORNING

I AM A DOCTORAL STUDENT IN THE COUNSELOR EDUCATION DEPARTMENT, UNIVERSITY OF FLORIDA, AND I NEED YOUR HELP.

I AM INTERESTED IN SEEING HOW INDIVIDUAL NEEDS AND PROBLEMS MAY CHANGE OVER TIME. YOU CAN BE A GREAT HELP IN INCREASING THE UNDERSTANDING IN THIS AREA.

I ASK THAT YOU TAKE 20-25 MINUTES OF YOUR TIME TO FILL OUT AND RETURN A QUESTIONNAIRE. WHEN THE RESULTS OF THIS RESEARCH STUDY HAVE BEEN COMPILED, I WOULD BE MORE THAN HAPPY TO SHARE THE RESULTS WITH YOU.

THE INFORMATION BELOW IS REPEATED ON THE ENCLOSED POST CARD. IF YOU WILL PARTICIPATE, PLEASE SIGN THE CARD AND DROP IT IN THE MAIL.

IF YOU HAVE ANY QUESTIONS AT ALL REGARDING THIS RESEARCH CONTACT ME AT:

311 LITTLE HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FLA.
32611
(904) 392-1575

THANK YOU VERY MUCH

JAMES M. ORR, JR.

INFORMED CONSENT FORM

SURVEY OF NEEDS AND PROBLEMS

THIS STUDY WILL BE USING A MAILED QUESTIONNAIRE DESIGNED TO HELP FURTHER THE UNDERSTANDING OF HOW NEEDS AND PROBLEMS MAY VARY OVER TIME.

THE ENTIRE QUESTIONNAIRE SHOULD TAKE NO MORE THAN 20-25 MINUTES OF YOUR TIME TO COMPLETE. YOUR ANNONIMITY IS GUARANTEED.

THOSE WISHING TO KNOW THE FINAL RESULTS OF THIS RESEARCH MAY RECEIVE A FREE SUMMARY COPY BY FILLING OUT, DETACHING, AND MAILING THE BOTTOM PORTION OF THE LAST PAGE OF THE QUESTIONNAIRE.

I AM AVAILABLE TO ANSWER ANY QUESTIONS YOU MAY HAVE REGARDING THIS RESEARCH. FEEL FREE TO CONTACT ME.

IF YOU CHOOSE NOT TO PARTICIPATE, SIMPLY DO NOT RETURN THE POST CARD. I DO, HOWEVER, CONSIDER YOUR PARTICIPATION IMPORTANT AND WOULD VERY MUCH APPRECIATE YOUR TIME AND ENERGY.

I AM SORRY, BUT MY FINANCES DO NOT PERMIT ME TO PAY YOU FOR YOUR PARTICIPATION.

I HAVE READ AND UNDERSTAND THE PROCEDURES DESCRIBED ABOVE. I AGREE TO PARTICIPATE AND HAVE RECEIVED A COPY OF THIS DESCRIPTION.

SIGNATURE _____

THE POST CARD WILL CONTAIN
THE FOLLOWING INFORMATION:

INFORMED CONSENT FORM

THIS STUDY WILL USE A QUESTIONNAIRE DESIGNED TO HELP UNDERSTAND HOW INDIVIDUAL NEEDS AND PROBLEMS MAY VARY OVER TIME. THE QUESTIONNAIRE SHOULD TAKE BETWEEN 20-25 MINUTES TO COMPLETE. RETURN UNSIGNED (ANONYMOUS).

RESULTS WILL BE MADE AVAILABLE TO ALL THOSE WHO FILL OUT AND DETACH THE LAST PAGE OF THE QUESTIONNAIRE. I AM SORRY, BUT I CANNOT PAY THOSE WHO PARTICIPATE.

IF YOU WISH TO PARTICIPATE, FILL OUT AND SIGN THIS CARD, AND RETURN IT TO ME. I AM AVAILABLE TO ANSWER ANY OF YOUR QUESTIONS. SIGNING THIS CARD MEANS YOU HAVE READ AND UNDERSTAND THE PROCEEDRES. THANK YOU.

NAME (PRINT) _____
ADDRESS _____

SIGNATURE _____

APPENDIX E

FOUR MULTIPLE COMPARISON ANALYSES OF THE NEED/PROBLEM ITEMS OF THE SURVEY OF NEEDS AND PROBLEMS

1. Location, race (white or minority) and group membership (students, working educators or retired educators).
2. Living arrangement, sex and group membership.
3. Purpose of life, attitude towards counseling and group membership.
4. Group membership, income level, and marital status.

Physiological 1

I Don't Exercise

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	36.44	10	3.64	2.16	0.02
Group	11.72	2	5.86	3.47	0.03
Income	7.12	4	1.78	1.06	0.38
Explained	36.44	10	3.64		
Residual	310.75	184	1.69		
Total	347.19	194	1.79		
Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	16.81	4	4.20	2.58	0.04
Living	2.03	1	2.03	1.25	0.27
Sex	3.22	1	3.22	1.98	0.16
Group	7.86	2	3.93	2.42	0.09
2 Way Interaction	27.45	5	5.49	3.38	0.01
Living Sex	8.03	1	8.03	4.94	0.02
Living Group	5.37	2	2.68	1.65	0.19
Sex Group	13.10	2	6.55	4.03	0.02
3-Way Interaction	0.00	1	0.00	0.00	0.97
Living Sex Group	0.00	1	0.00	0.00	0.97
Explained	44.26	10	4.43	2.72	0.00
Residual	305.69	188	1.63		
Total	349.95	198	1.77		

Physiological 2

I Don't Sleep Well

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	14.22	4	3.55	2.91	0.02
Living	0.98	1	0.98	0.80	0.37
Sex	9.76	1	9.76	7.98	0.01
Group	1.16	2	0.58	0.48	0.62
2-Way Interaction	8.16	5	1.63	1.33	0.25
Living Sex	0.08	1	0.08	0.07	0.79
Living Group	3.48	1	1.74	1.42	0.24
Sex Group	3.25	2	1.63	1.33	0.27
3-Way Interaction	8.84	1	8.84	7.23	0.01
Living Sex Group	8.84	1	8.84	7.28	0.01
Explained	31.21	10	3.12	2.55	0.01
Residual	229.89	188	1.22		
Total	261.10	198	1.32		

Physiological 4
My Air Is Bad or Polluted

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	14.73	7	2.11	2.06	0.05
Location	2.39	4	0.59	0.59	0.67
Race	0.73	1	0.73	0.72	0.39
Group	5.40	2	2.70	2.65	0.07
Explained	14.78	7	2.11	2.06	0.05
Residual	185.58	182	1.02		
Total	200.31	189	1.06		
Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	12.13	4	3.03	3.02	0.02
Living	0.05	1	0.05	0.05	0.38
Sex	0.76	1	0.76	0.75	0.38
Group	8.11	2	4.06	4.04	0.02
2-Way Interaction	12.59	5	2.52	2.51	0.03
Living Sex	0.11	1	0.11	0.11	0.74
Living Group	6.19	1	3.09	3.08	0.05
Sex Group	8.89	2	4.44	4.42	0.01
3-Way Interaction	0.01	1	0.01	0.01	0.94
Living Sex Group	0.01	1	0.01	0.01	0.94
Explained	24.73	10	2.47	2.46	0.01
Residual	188.91	188	1.00		
Total	213.64	198	1.08		
Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	15.15	7	2.16	2.05	0.05
Purpose of Life	5.11	4	1.28	1.21	0.31
Counseling	5.99	1	5.99	5.66	0.02
Group	1.39	2	0.69	0.66	0.52
Explained	15.15	7	2.16	2.05	0.05
Residual	156.46	148	1.06		
Total	171.61	155	1.11		

Physiological 4 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	19.89	10	1.99	1.96	0.04
Group	2.96	2	1.48	1.47	0.23
Income	6.99	4	1.75	1.74	0.14
Marital	4.38	4	1.09	1.09	0.36
Explained	19.89	10	1.99	1.98	0.04
Residual	185.29	184	1.01		
Total	205.18	194	1.06		

Physiological 6

My Drinking Water Is Bad or Polluted

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	21.77	7	3.11	5.63	0.00
Location	4.77	4	1.19	2.16	0.08
Race	0.78	1	0.78	1.41	0.24
Group	5.04	2	2.52	4.56	0.01
Explained	21.77	7	3.11	5.63	0.00
Residual	101.11	183	0.55		
Total	122.88	190	0.65		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	17.22	4	4.31	7.57	0.00
Living	0.02	1	0.02	0.04	0.84
Sex	0.70	1	0.70	1.24	0.27
Group	15.21	2	7.61	13.37	0.00
2-Way Interaction	6.92	5	1.38	2.43	0.04
Living Sex	0.07	1	0.07	0.13	0.72
Living Group	1.73	2	0.87	1.52	0.22
Sex Group	5.28	2	2.64	4.65	0.01
3-Way Interaction	0.17	1	0.17	0.29	0.59
Living Sex Group	0.17	1	0.17	0.29	0.59
Explained	24.31	10	2.43	4.27	0.00
Residual	197.49	189	0.57		
Total	131.79	199			

Physiological 6 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	17.20	7	2.46	4.20	0.00
Purpose of Life	6.57	4	1.64	2.81	0.03
Counseling	0.04	1	0.04	0.08	0.79
Group	6.05	2	3.03	5.17	0.01
Explained	17.20	7	2.46	4.20	0.00
Residual	87.77	150	0.59		
Total	104.97	157	0.67		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	20.85	10	2.09	3.66	0.00
Group	5.72	2	2.86	5.02	0.01
Income	2.04	4	0.51	0.89	0.47
Marital	3.87	4	0.97	1.69	0.15
Explained	20.85	10	2.09	3.66	0.00
Residual	105.25	185	0.57		
Total	126.09	195	0.65		

Physiological 7

I Don't Eat Well Balanced Meals

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	16.65	7	2.38	3.63	0.00
Location	2.44	4	0.61	0.93	0.45
Race	2.88	1	2.88	4.39	0.04
Group	3.80	2	1.91	2.89	0.06
Explained	16.65	7	2.38	3.63	0.00
Residual	120.00	183	0.66		
Total	136.65	190	0.72		

Source Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	15.07	4	3.77	5.67	0.00
Living	0.19	1	0.19	0.29	0.59
Sex	2.39	1	2.39	3.59	0.06
Group	7.27	2	3.63	5.47	0.01
2-Way Interaction	4.47	5	0.89	1.34	0.25
Living Sex	0.03	1	0.03	0.04	0.84
Living Group	2.87	2	1.43	2.16	0.11
Sex Group	1.77	2	0.88	1.33	0.27
3-Way Interaction	0.32	1	0.32	0.48	0.49
Living Sex Group	0.32	1	0.32	0.48	0.49
Explained	19.85	10	1.98	2.99	0.01
Residual	125.54	189	0.66		
Total	145.39	199	0.73		

Physiological 7 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	19.95	7	2.85	3.84	0.00
Purpose of Life	7.09	4	1.77	2.39	0.05
Counseling	1.60	1	1.60	2.16	0.14
Group	3.09	2	1.54	2.08	0.13
Explained	19.95	7	2.85	3.84	0.00
Residual	111.39	150	0.74		
Total	131.34	157	0.84		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	16.27	10	1.63	2.35	0.01
Group	3.90	2	1.95	2.82	0.06
Income	2.68	4	0.67	0.97	0.43
Marital	0.76	4	0.19	0.27	0.89
Explained	16.27	10	1.67	2.35	0.01
Residual	128.12	185	0.69		
Total	144.28	195	0.74		

Physiological 11

I Have Trouble with the Physical Changes That Are a Part of My Aging

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	36.92	7	5.27	4.88	0.00
Location	5.26	4	1.32	1.22	0.31
Race	6.13	1	6.13	5.67	0.02
Group	16.15	2	8.07	7.48	0.00
Explained	36.92	7	5.27	4.88	0.00
Residual	199.79	185	1.08		
Total	236.74	192	1.23		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	27.34	4	6.83	6.29	0.00
Living	2.04	1	2.04	1.88	0.17
Sex	1.85	1	1.85	1.71	0.19
Group	27.28	2	13.64	12.57	0.00
2-Way Interaction	4.64	5	0.93	0.86	0.51
Living Sex	2.96	1	2.96	2.73	0.10
Living Group	0.55	2	0.28	0.25	0.78
Sex Group	0.11	2	0.06	0.05	0.95
3-Way Interaction	2.76	1	2.76	2.55	0.11
Living Sex Group	2.76	1	2.76	2.55	0.11
Explained	34.74	10	3.74	3.20	0.00
Residual	208.42	192	1.08		
Total	243.16	202	1.20		

Physiological 11 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	32.25	7	4.61	4.31	0.00
Purpose of Life	3.76	4	0.94	0.88	0.48
Counseling	0.80	1	0.80	0.74	0.39
Group	20.52	2	10.26	9.59	0.00
Explained	32.25	7	4.61	4.31	0.00
Residual	161.53	151	1.07		
Total	193.77	158	1.23		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	42.61	10	4.26	4.05	0.00
Income	18.77	2	9.39	8.92	0.00
Group	13.58	4	3.39	3.23	0.01
Marital	4.75	4	1.19	1.13	0.34
Explained	42.61	10	4.26	4.05	0.00
Residual	197.73	188	1.05		
Total	240.34	198	1.22		

Physiological 12

I Have Trouble Walking or Climbing

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	27.59	7	3.94	3.11	0.00
Location	1.84	4	0.46	0.36	0.84
Race	2.22	1	2.22	1.75	0.19
Group	12.92	2	6.46	5.09	0.01
Explained	27.59	7	3.94	3.11	0.00
Residual	234.84	185	1.27		
Total	262.43	192	1.37		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	28.54	4	7.14	5.73	0.00
Living	2.78	1	2.78	2.23	0.14
Sex	3.97	1	3.97	3.19	0.08
Group	28.19	2	14.09	11.33	0.00
2-Way Interaction	0.66	5	0.13	0.11	0.99
Living Sex	0.28	1	0.28	0.22	0.64
Living Group	0.44	2	0.22	0.18	0.84
Sex Group	0.04	2	0.02	0.02	0.98
3-Way Interaction	0.01	1	0.01	0.01	0.93
Living Sex Group	0.01	1	0.01	0.01	0.93
Explained	29.21	10	2.92	2.35	0.01
Residual	238.96	192	1.25		
Total	268.16	202	1.33		

Physiological 12 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	26.16	7	3.74	2.77	0.01
Purpose of Life	3.16	4	0.79	0.59	0.67
Counseling	0.82	1	0.82	0.61	0.44
Group	16.59	2	8.29	6.15	0.00
Explained	26.16	7	3.74	2.77	0.01
Residual	203.66	151	1.35		
Total	229.82	158			

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	41.51	10	4.15	3.55	0.00
Group	16.99	2	8.49	7.27	0.00
Income	9.29	4	2.33	1.99	0.09
Marital	12.89	4	3.22	2.76	0.03
Explained	41.51	10	4.15	3.55	0.00
Residual	219.87	188	1.17		
Total	261.38	198	1.32		

Physiological 13

I Have Had Reactions to Medications or Drugs

Source of Variations	Sum of Squares	DF	Mean Square	F	Significance of F
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Main Effects	9.53	4	2.38	3.39	0.01
Living	0.00	1	0.00	0.00	0.95
Sex	8.69	1	8.60	12.39	0.00
Group	1.47	2	0.73	1.04	0.35
2-Way Interaction	4.07	5	0.82	1.16	0.33
Living Sex	2.60	1	2.60	3.71	0.06
Living Group	1.84	2	0.92	1.31	0.27
Sex Group	0.93	2	0.47	0.67	0.52
3-Way Interaction	0.93	1	0.93	1.32	0.25
Living Sex Group	9.93	1	0.93	1.32	0.25
Explained	14.52	10	1.45	2.07	0.03
Residual	134.72	192	0.70		
Total	149.24	202	0.74		

Physiological 15

I Don't Keep My Body Well Groomed

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	6.94	10	0.69	1.91	0.05
Group	1.06	2	0.53	1.46	0.23
Income	3.29	4	0.82	2.27	0.06
Marital	2.61	4	0.64	1.80	0.13
Explained	6.94	10	0.69	1.91	0.05
Residual	68.56	189	0.36		
Total	75.49	199	0.38		

Physiological 16
I'm Recovering from Treatment or Illness

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	12.83	10	1.28	2.38	0.01
Group	2.47	2	1.24	2.29	0.11
Income	5.85	4	1.46	2.71	0.03
Marital	8.59	4	2.15	3.98	0.00
Explained	12.83	10	1.28	2.38	0.01
Residual	85.75	159	0.54		
Total	98.61	169	0.58		

Physiological 17

I Have a Hearing Loss

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	36.38	7	5.17	4.96	0.00
Location	0.14	4	0.04	0.03	0.99
Race	7.79	1	7.79	7.43	0.01
Group	15.26	2	7.63	7.28	0.00
Explained	36.38	7	5.19	4.96	0.00
Residual	146.61	157	1.05		
Total	200.99	164	1.23		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	33.96	4	8.49	8.85	0.00
Living	2.02	1	2.02	2.10	0.15
Sex	2.47	1	2.47	2.58	0.11
Group	20.16	2	10.08	10.49	0.00
2-Way Interaction	5.86	5	1.17	1.22	0.30
Living Sex	1.47	1	1.47	1.53	0.22
Living Group	2.27	1	1.13	1.18	0.31
Sex Group	3.43	2	1.72	1.79	0.17
3-Way Interaction	8.18	1	8.18	8.52	0.00
Living Sex Group	8.18	1	8.18	8.52	0.00
Explained	48.00	10	4.80	5.00	0.00
Residual	156.46	163	0.96		
Total	204.46	173	1.18		

Physiological 17 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	33.59	7	4.80	5.17	0.00
Purpose of Life	5.71	4	1.43	1.54	0.19
Counseling	1.12	1	1.12	1.20	0.28
Group	12.56	2	6.28	6.77	0.00
Explained	33.59	7	4.80	5.17	0.00
Residual	117.88	127	0.93		
Total	151.48	134	1.13		

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Significance of F</u>
Main Effects	37.85	10	3.79	3.64	0.00
Group	15.83	2	7.91	7.61	0.00
Income	2.17	4	0.54	0.52	0.72
Marital	4.99	4	1.25	1.20	0.31
Explained	37.85	10	3.79	3.64	0.00
Residual	165.26	159	1.04		
Total	203.11	169	1.20		

Physiological 18

I Have a Sight Loss

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	21.67	7	3.09	2.79	0.01
Location	3.03	4	0.76	0.68	0.61
Race	1.85	1	1.85	1.67	0.19
Group	16.12	2	0.06	7.28	0.00
Explained	21.67	7	3.09	2.79	0.01
Residual	173.91	157	1.11		
Total	195.58	164	1.19		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	26.17	4	6.54	6.76	0.00
Living	3.85	1	3.85	3.97	0.05
Sex	1.55	1	1.55	1.60	0.21
Group	15.09	2	7.55	7.79	0.00
2-Way Interaction	6.85	5	1.37	1.41	0.22
Living Sex	0.00	1	0.00	0.00	0.95
Living Group	2.20	2	1.10	1.14	0.32
Sex Group	4.56	2	2.28	2.35	0.09
3-Way Interaction	9.55	1	9.55	9.87	0.00
Living Sex Group	9.55	1	9.55	9.87	0.00
Explained	42.56	10	4.26	4.39	0.00
Residual	157.81	163	0.97		
Total	200.37	173	1.16		

Physiological 18 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	18.69	7	2.67	2.89	0.01
Purpose of Life	3.94	4	0.99	1.07	0.37
Counseling	2.19	1	2.19	2.37	0.13
Group	9.38	2	4.69	5.07	0.00
Explained	18.69	7	2.67	2.89	0.00
Residual	117.46	127	0.93		
Total	136.15	134	1.02		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	26.47	10	2.65	2.50	0.01
Group	11.27	2	5.63	5.33	0.01
Income	2.54	4	0.65	0.60	0.66
Marital	5.51	4	1.38	1.30	0.27
Explained	26.47	10	2.65	2.50	0.01
Residual	168.14	159	1.06		
Total	194.61	169	1.15		

Physiological 19

If You Have a Sensory Loss Besides Hearing or Sight, Please Specify and Rate

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	6.06	4	1.52	3.36	0.01
Living	1.63	1	1.63	3.59	0.06
Sex	0.14	1	0.14	0.31	0.58
Group	2.67	2	1.33	2.95	0.06
2-Way Interaction	1.38	5	0.28	0.61	0.69
Living Sex	0.24	1	0.24	0.53	0.47
Living Group	0.19	1	0.09	0.20	0.81
Sex Group	0.84	2	0.42	0.93	0.39
3-Way Interaction	1.03	1	1.03	2.29	0.13
Living Sex Group	1.03	1	1.03	2.29	0.13
Explained	8.48	10	0.85	1.88	0.05
Residual	73.63	163	0.42		
Total	82.11	173	0.48		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	16.25	10	1.63	4.47	0.00
Group	2.49	2	1.25	3.43	0.04
Income	4.43	4	1.11	3.05	0.02
Marital	6.14	4	1.53	4.22	0.00
Explained	16.25	10	1.63	4.47	0.00
Residual	57.81	159	0.36		
Total	74.05	169	0.44		

Physiological 20

If You Have a Disease Please Specify and Rate

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	42.24	7	6.46	4.09	0.00
Location	9.29	4	2.32	1.47	0.21
Race	1.76	1	1.76	1.11	0.29
Group	31.29	2	15.65	9.89	0.00
Explained	45.24	7	6.46	4.09	0.00
Residual	254.51	161	1.58		
Total	299.75	168	1.78		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	39.75	4	9.94	6.44	0.00
Living	1.91	1	1.91	1.24	0.27
Sex	2.96	1	2.96	1.92	0.17
Group	27.28	2	13.64	8.84	0.00
2-Way Interaction	7.60	5	1.52	0.99	0.43
Living Sex	0.54	1	0.54	0.35	0.56
Living Group	3.59	1	1.79	1.16	0.32
Sex Group	1.28	2	0.64	0.41	0.66
3-Way Interaction	0.00	1	0.00	0.00	0.94
Living Sex Group	0.00	1	0.00	0.00	0.94
Explained	47.35	10	4.74	3.07	0.00
Residual	257.77	167	1.54		
Total	305.12	177	1.72		

Physiological 20 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	43.25	7	6.18	4.19	0.00
Purpose of Life	3.19	4	0.79	0.54	0.71
Counseling	1.17	1	1.17	0.79	0.37
Group	31.69	2	15.85	10.74	0.00
Explained	43.25	7	6.18	4.29	0.00
Residual	191.85	130	1.48		
Total	235.11	137	1.72		

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Significance of F</u>
Main Effects	51.62	10	5.16	3.42	0.00
Group	14.13	2	7.07	4.69	0.01
Income	7.93	4	1.98	1.32	0.27
Marital	11.19	4	2.79	1.86	0.12
Explained	51.62	10	5.16	3.42	0.00
Residual	245.74	163	1.51		
Total	297.36	173	1.72		

Physiological 21

My Residence Is Not Made in a Way That Suits My Needs

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	9.92	7	1.42	2.16	0.04
Purpose of Life	8.52	4	2.13	3.25	0.01
Counseling	0.08	1	0.08	0.13	0.72
Group	1.39	2	0.69	1.07	0.35
Explained	9.92	7	1.42	2.16	0.04
Residual	85.16	130	0.66		
Total	95.05	137	0.69		

Safety 1

My Neighborhood Is Unsafe

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	24.67	7	3.52	3.11	0.00
Location	11.70	4	2.93	2.58	0.04
Race	1.00	1	1.00	0.88	0.35
Group	13.29	2	6.64	5.86	0.00
Explained	24.67	7	3.52	3.11	0.00
Residual	202.99	179	1.13		
Total	227.66	186	1.22		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	24.93	4	6.22	5.46	0.00
Living	0.99	1	0.99	0.87	0.35
Sex	5.49	1	5.49	4.81	0.03
Group	9.76	2	4.88	4.27	0.01
2-Way Interaction	8.49	5	1.69	1.49	0.19
Living Sex	0.07	1	0.07	0.07	0.80
Living Group	2.87	2	1.44	1.26	0.29
Sex Group	5.72	2	2.86	2.50	0.09
3-Way Interaction	0.06	1	0.06	0.05	0.82
Living Sex Group	0.06	1	0.06	0.05	0.82
Explained	33.48	10	3.35	2.93	0.00
Residual	212.49	186	1.14		
Total	245.98	196	1.26		

Source, Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	20.84	7	2.98	2.55	0.02
Purpose of Life	3.30	4	0.83	0.71	0.59
Counseling	0.32	1	0.32	0.27	0.60
Group	13.74	2	6.87	5.88	0.00
Explained	20.84	7	2.98	2.55	0.02
Residual	174.15	149	1.17		
Total	194.99	156	1.25		

Safety 6

I Fear Bodily Harm

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	19.22	7	2.75	2.61	0.01
Location	8.12	4	2.03	1.93	0.11
Group	6.03	2	3.02	2.87	0.06
Race	1.61	1	1.61	1.53	0.21
Explained	19.22	7	2.75	2.61	0.01
Residual	173.31	165	1.05		
Total	192.53	172	1.12		
Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	30.94	4	7.73	7.35	0.00
Living	1.36	1	1.36	1.29	0.26
Sex	10.90	1	10.90	10.35	0.00
Group	7.68	2	3.84	3.65	0.03
2-Way Interaction	6.62	5	1.32	1.26	0.29
Living Sex	0.76	1	0.76	0.72	0.39
Living Group	6.15	2	3.08	2.92	0.06
Sex Group	0.71	2	0.36	0.34	0.71
3-Way Interaction	0.43	1	0.43	0.40	0.53
Living Sex Group	0.43	1	0.43	0.40	0.53
Explained	37.98	10	3.79	3.61	0.00
Residual	180.02	171	1.05		
Total	217.99	181			

Safety 6 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	19.53	7	2.79	2.45	0.02
Purpose of Life	1.98	4	0.49	0.43	0.78
Counseling	0.92	1	0.92	0.81	0.37
Group	12.15	2	6.07	5.32	0.00
Explained	19.53	7	2.79	2.45	0.02
Residual	157.47	138	1.14		
Total	176.99	145	1.22		
Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	33.78	10	3.38	3.15	0.00
Group	1.47	2	0.74	0.69	0.51
Income	11.61	4	2.90	2.70	0.03
Marital	6.34	4	1.58	1.47	0.21
Explained	33.78	10	3.38	3.15	0.00
Residual	180.19	168	1.07		
Total	213.98	178	1.20		

Safety 7

I Have a Fear of Relocating or of Being Relocated

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	15.98	4	3.99	3.86	0.01
Living	1.28	1	1.28	1.24	0.27
Sex	5.65	1	5.65	5.45	0.02
Group	3.47	2	1.74	1.68	0.19
2-Way Interaction	4.07	5	0.81	0.79	0.56
Living Sex	0.52	1	0.52	0.49	0.48
Living Group	0.99	1	0.49	0.48	0.62
Sex Group	2.22	2	1.11	1.07	0.34
3-Way Interaction	0.15	1	0.15	0.15	0.70
Living Sex Group	0.15	1	0.15	0.15	0.70
Explained	20.19	10	2.02	1.95	0.04
Residual	177.17	171	1.04		
Total	197.36	181	1.09		

Safety 9

My Expenses Are Increasing

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	39.42	10	3.94	2.66	0.01
Group	18.88	2	9.44	6.38	0.00
Income	23.86	4	5.96	4.03	0.00
Marital	12.63	4	3.16	2.13	0.08
Explained	39.42	10	3.94	2.66	0.01
Residual	248.79	168	1.48		
Total	288.21	178	1.62		

Love/Belonging 2

I Have No One With Whom I Can Share My Deep Feelings

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
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Main Effects	15.85	4	3.96	3.29	0.01
Living	0.04	1	0.04	0.04	0.85
Sex	13.72	1	13.72	11.42	0.00
Group	2.74	2	1.37	1.14	0.32
2-Way Interaction	5.12	5	1.03	0.85	0.61
Living Sex	1.91	1	1.91	1.59	0.21
Living Group	1.34	2	0.67	0.56	0.57
Sex Group	0.75	2	0.38	0.31	0.73
3-Way Interaction	5.11	1	5.11	4.26	0.04
Living Sex Group	5.11	1	5.11	4.26	0.04
Explained	26.08	10	2.61	2.17	0.02
Residual	225.87	188	1.20		
Total	251.95	198	1.27		

Love/Belonging 3

I Don't Have a Sense of Belonging to My Community

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	13.49	4	3.37	3.50	0.01
Living	0.02	1	0.02	0.03	0.89
Sex	0.85	1	0.85	0.88	0.35
Group	9.54	2	4.77	4.95	0.01
Explained	20.07	10	2.01	2.09	0.03
Residual	181.02	188	0.96		
Total	201.09	198	1.02		

Love/Belonging 5

I Need To Find Others My Age With Whom I Can Share My Mutual Concerns

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	16.16	7	2.31	2.25	0.03
Location	5.66	4	1.42	1.38	0.24
Race	3.97	1	3.97	3.86	0.05
Group	4.72	2	2.36	2.29	0.10
Explained	16.16	7	2.31	2.25	0.03
Residual	186.16	181	1.03		
Total	202.33	188	1.08		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	27.94	10	2.79	2.79	0.01
Group	5.95	2	2.97	2.97	0.05
Income	12.41	4	3.10	3.09	0.02
Marital	8.57	4	2.14	2.14	0.07
Explained	27.94	10	2.79	2.79	0.00
Residual	184.35	184	1.00		
Total	212.29	194	1.09		

Love/Belonging 11

There Is Not Enough Affection Between Us (Spouse or Partner)

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	12.95	4	3.24	2.65	0.04
Living	3.96	1	3.96	3.24	0.07
Sex	2.12	1	2.12	1.74	0.19
Group	7.76	2	3.88	3.18	0.04
2-Way Interaction	5.95	5	1.19	0.98	0.43
Living Sex	1.42	1	1.42	1.17	0.28
Living Group	1.86	1	0.93	0.76	0.47
Sex Group	2.32	2	1.16	0.95	0.39
3-Way Interaction	0.02	1	0.02	0.01	0.91
Living Sex Group	0.02	1	0.02	0.01	0.91
Explained	18.92	10	1.89	1.55	0.13
Residual	196.39	161	1.22		
Total	215.32	171	1.26		

Love/Belonging 24

No Sense of Trust (With Friends)

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	8.09	4	2.02	2.46	0.04
Living	2.18	1	2.18	2.66	0.11
Sex	0.05	1	0.05	0.06	0.80
Group	5.73	2	2.86	3.49	0.03
Explained	15.37	10	1.54	1.87	0.05
Residual	156.81	191	0.82		
Total	172.18	201	0.86		

Self-Esteem 1

I Don't Like How I Look

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	27.64	7	3.95	2.94	0.01
Location	5.59	4	1.39	1.04	0.39
Race	0.63	1	0.63	0.47	0.49
Group	12.07	2	6.03	4.49	0.12
Explained	27.64	7	3.95	2.94	0.01
Residual	245.59	183	1.34		
Total	273.24	190	1.44		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	38.39	4	9.60	7.84	0.00
Living	1.46	1	1.46	1.19	0.28
Sex	12.75	1	12.75	10.41	0.00
Group	15.45	2	7.73	6.31	0.00
2-Way Interaction	6.13	5	1.23	1.00	0.42
Living Sex	5.53	1	5.53	4.52	0.04
Living Group	1.77	1	0.89	0.72	0.49
Sex Group	0.65	2	0.33	0.27	0.77
3-Way Interaction	6.08	1	6.08	4.97	0.03
Living Sex Group	6.08	1	6.08	4.97	0.03
Explained	50.61	10	5.06	4.13	0.00
Residual	232.66	190	1.23		
Total	283.28	200	1.42		

Self-Esteem 1 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	30.99	7	4.43	3.12	0.01
Purpose of Life	8.71	4	2.18	1.54	0.19
Counseling	2.34	1	3.34	1.65	0.20
Group	15.59	2	7.79	5.50	0.01
Explained	30.99	7	4.43	3.12	0.00
Residual	213.96	151	1.42		
Total	244.96	158	1.55		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	35.95	10	3.59	2.75	0.00
Group	12.79	2	6.39	4.89	0.01
Income	7.04	4	1.76	1.35	0.25
Marital	8.26	4	2.07	1.58	0.18
Explained	35.95	10	3.59	2.75	0.00
Residual	243.05	186	1.31		
Total	279.00	196	1.42		

Self-Esteem 3

I Am Not Appreciated

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	7.44	4	1.86	2.52	0.04
Living	0.11	1	0.11	0.15	0.70
Sex	0.38	1	0.38	0.51	0.47
Group	5.14	2	2.57	3.48	0.03
2-Way Interaction	2.50	5	0.50	0.68	0.65
Living Sex	1.49	1	1.49	2.03	0.16
Living Group	0.13	1	0.06	0.09	0.92
Sex Group	0.42	2	0.21	0.28	0.76
3-Way Interaction	3.66	1	3.66	4.95	0.03
Living Sex Group	3.66	1	3.66	4.95	0.03
Explained	13.60	10	1.36	1.84	0.06
Residual	140.37	190	0.74		
Total	153.97	200	0.77		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	22.53	10	2.25	3.21	0.00
Group	2.19	2	1.09	1.57	0.21
Income	1.10	4	0.28	0.39	0.81
Marital	15.13	4	3.78	5.38	0.00
Explained	22.53	10	2.25	3.21	0.00
Residual	130.57	186	0.70		
Total	153.09	196	0.78		

Self-Esteem 4

I Feel Inferior to Others

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	29.65	7	4.24	3.84	0.00
Location	3.87	4	0.97	0.88	0.48
Race	4.85	1	4.85	4.39	0.04
Group	9.81	2	4.90	4.48	0.01
Explained	29.65	7	4.24	3.84	0.00
Residual	201.78	183	1.10		
Total	231.43	190	1.22		

<u>Source of Variation</u>	<u>Sum of Squares</u>	<u>DF</u>	<u>Mean Square</u>	<u>F</u>	<u>Significance of F</u>
Main Effects	23.15	4	5.79	5.39	0.00
Living	0.45	1	0.45	0.42	0.52
Sex	3.53	1	3.53	3.29	0.07
Group	11.92	2	5.96	5.56	0.01
2-Way Interaction	8.86	5	1.77	1.65	0.14
Living Sex	7.64	1	7.65	7.12	0.01
Living Group	2.75	1	1.38	1.28	0.28
Sex Group	1.19	2	0.59	0.55	0.58
3-Way Interaction	1.79	1	1.79	1.67	0.19
Living Sex Group	1.79	1	1.79	1.67	0.19
Explained	33.81	10	3.38	3.15	0.00
Residual	203.76	190	1.07		
Total	237.56	200	1.19		

Self-Esteem 6

I Don't Get Enough Attention or Recognition

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	8.74	4	2.19	2.69	0.03
Living	0.11	1	0.11	0.14	0.71
Sex	0.01	1	1.01	1.25	0.27
Group	5.39	2	2.69	3.32	0.04
2-Way Interaction	2.83	5	0.57	0.69	0.63
Living Sex	2.23	1	2.23	2.75	0.09
Living Group	0.07	1	0.04	0.04	0.96
Sex Group	0.29	2	0.14	0.18	0.84
3-Way Interaction	3.42	1	3.42	4.21	0.04
Living Sex Group	3.42	1	3.42	4.21	0.04
Explained	14.99	10	1.49	1.85	0.06
Residual	155.11	191	0.81		
Total	170.09	201	0.85		

Self-Esteem 7
Criticism Threatens Me

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	42.84	7	6.12	5.64	0.00
Location	4.87	4	1.22	1.12	0.35
Race	2.07	1	2.07	1.91	0.17
Group	16.25	2	8.12	7.49	0.00
Explained	42.84	7	6.12	5.64	0.00
Residual	199.74	184	1.09		
Total	242.58	191	1.27		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	44.58	4	11.14	11.05	0.00
Living	1.87	1	1.87	1.85	0.18
Sex	3.29	1	3.29	3.27	0.07
Group	26.97	2	13.49	13.76	0.00
2-Way Interaction	12.11	5	2.42	2.40	0.04
Living Sex	8.10	1	8.10	8.04	0.05
Living Group	1.03	2	0.51	0.51	0.60
Sex Group	3.73	2	1.87	1.85	0.16
3-Way Interaction	2.65	1	2.65	2.62	0.11
Living Sex Group	2.65	1	2.65	2.62	0.11
Explained	59.34	10	5.93	5.89	0.00
Residual	192.58	191	1.01		
Total	251.92	201	1.25		

Self-Esteem 7 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	30.10	7	4.30	3.83	0.00
Purpose of Life	3.51	4	0.88	0.75	0.54
Counseling	1.01	1	1.01	0.90	0.34
Group	11.63	2	5.82	5.17	0.01
Explained	30.10	7	4.30	3.83	0.00
Residual	170.89	152	1.12		
Total	200.99	159	1.26		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	40.97	10	4.09	3.70	0.00
Group	15.57	2	7.78	7.03	0.01
Income	2.41	4	0.60	0.54	0.70
Marital	1.14	4	0.29	0.26	0.91
Explained	40.97	10	4.09	3.70	0.00
Residual	207.01	187	1.01		
Total	247.98	197	1.26		

Self-Esteem 8

I Have Low Status in the Eyes of Others

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	10.15	4	2.54	3.91	0.00
Living	4.03	1	4.03	6.21	0.01
Sex	4.65	1	4.65	7.16	0.01
Group	0.66	2	0.33	0.51	0.60
2-Way Interaction	1.83	5	0.37	0.57	0.73
Living Sex	0.33	1	0.33	0.51	0.48
Living Group	0.63	1	0.31	0.48	0.62
Sex Group	0.76	2	0.38	0.58	0.56
3-Way Interaction	0.00	1	0.00	0.01	0.93
Living Sex Group	0.00	1	0.00	0.01	0.93
Explained	11.98	10	1.19	1.85	0.06
Residual	123.89	191	0.65		
Total	135.88	201	0.68		

Self-Esteem 9

1 Fear Failure

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
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Main Effects	45.19	7	6.46	4.90	0.00
Location	11.29	4	2.82	2.14	0.08
Race	1.38	1	1.38	1.05	0.31
Group	8.74	2	4.37	3.32	0.04
Explained	45.19	7	6.46	4.90	0.00
Residual	242.29	184	1.32		
Total	287.48	191	1.51		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
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Main Effects	45.06	4	11.26	8.57	0.00
Living	4.64	1	4.64	3.53	0.06
Sex	2.59	1	2.59	1.97	0.16
Group	24.01	2	12.01	9.13	0.00
2-Way Interaction	8.33	5	1.67	1.27	0.28
Living Sex	0.15	1	0.15	0.12	0.73
Living Group	3.15	2	1.58	1.19	0.30
Sex Group	6.10	2	3.05	2.32	0.10
3-Way Interaction	1.42	1	1.42	1.08	0.30
Living Sex Group	1.42	1	1.42	1.08	0.30
Explained	54.79	10	5.48	4.17	0.00
Residual	251.18	191	1.32		
Total	305.98	201	1.52		

Self-Esteem 9 - continued

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	33.94	7	4.85	3.28	0.00
Purpose of Life	8.55	4	2.14	1.45	0.22
Counseling	2.76	1	2.78	1.88	0.17
Group	15.94	2	7.97	5.39	0.01
Explained	33.94	7	4.85	3.28	0.00
Residual	224.80	152	1.48		
Total	258.74	159	1.63		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	45.94	10	4.59	3.36	0.00
Group	13.28	2	6.64	4.85	0.01
Income	5.75	4	1.44	1.05	0.38
Marital	4.55	4	1.14	0.83	0.51
Explained	45.94	10	4.59	3.36	0.00
Residual	256.05	187	1.37		
Total	301.99	197	1.53		

Self-Actualization 1

I'm Not Growing as an Individual

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
<hr/>					
Main Effects	24.85	7	3.55	2.98	0.01
Location	3.35	4	0.84	0.70	0.59
Race	6.25	1	6.25	5.25	0.02
Group	9.64	2	4.82	4.05	0.02
Explained	24.85	7	3.55	2.98	0.01
Residual	215.58	180	1.19		
Total	239.42	187	1.28		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
<hr/>					
Main Effects	17.14	4	4.29	3.67	0.01
Living	0.01	1	0.01	0.01	0.93
Sex	0.26	1	0.26	0.23	0.64
Group	15.29	2	7.64	6.54	0.00
Explained	27.72	10	2.77	2.37	0.01
Residual	218.42	187	1.17		
Total	246.15	197	1.25		

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
<hr/>					
Main Effects	21.72	7	3.10	2.66	0.01
Purpose of Life	8.35	4	2.09	1.79	0.13
Counseling	0.03	1	0.03	0.03	0.87
Group	7.53	2	3.76	3.23	0.04
Explained	21.72	7	3.10	2.66	0.01
Residual	172.58	148	1.17		
Total	194.31	155	1.25		

Self-Actualization 6

To Grow as a Person Requires That I Change But Changes Are Hard For Me

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
Main Effects	30.31	7	4.33	3.29	0.00
Location	7.19	4	1.79	1.38	0.25
Race	9.72	1	9.72	7.39	0.01
Group	11.61	2	5.81	4.42	0.01
Explained	30.31	7	4.33	3.29	0.00
Residual	234.11	178	1.32		
Total	264.41	185	1.43		

APPENDIX F

TABLES GENERATED FROM DATA ANALYSIS
OF SURVEY OF NEEDS AND PROBLEMS

Table 21

Significant Main Effects of a Multiple Comparison Analysis (ANOVA) by Location of Residence, Race, and Group Membership

Subscale	Item #	Main Effects	SS	df	F
Physiological	6	Group	5.05	2	4.56*
	7	Race	2.88	1	4.39*
	11	Race	6.13	1	5.63*
		Group	16.15	2	7.48*
	12	Group	12.92	2	5.09*
	17	Race	7.79	1	7.43*
		Group	15.26	2	7.28*
	18	Group	16.12	2	7.28*
	20	Group	31.29	2	9.89*
Safety	1	Location	11.70	4	2.58*
		Group	13.29	2	5.86*
Love/Belonging	6	Group	6.03	2	2.87*
	5	Race	3.97	1	3.86*
Self-Esteem	1	Group	12.07	2	4.49*
	4	Race	4.85	1	4.39*
		Group	9.81	2	4.45*
	7	Group	16.25	2	7.48*
	9	Group	8.74	2	3.32*
Self-Actualization	1	Group	9.64	2	4.05*
	6	Race	9.72	1	7.39*
		Group	11.61	2	4.42*

* $P \leq 0.05$

Table 22

Significant Main Effects of a Multiple Comparison Analysis (ANOVA) by
Living Arrangement, Sex, and Group Membership

Subscale	Item #	Main Effects	SS	df	F
Physiological	1	Group	7.86	2	2.42*
	2	Sex	9.76	1	7.98*
	4	Group	8.11	2	4.04*
	5	Group	8.09	2	2.80*
	6	Group	15.21	2	13.37*
	7	Sex	2.39	1	3.59*
		Group	7.27	2	5.47*
	11	Group	27.28	2	12.57*
	12	Group	28.19	2	11.33*
	13	Sex	8.69	2	12.39*
	17	Group	20.16	2	10.49*
	18	Living	3.85	1	3.97*
		Group	15.09	2	7.79*
	19	Group	2.67	2	2.95*
Safety	20	Group	27.28	2	8.84*
	1	Sex	5.49	1	4.81*
		Group	9.76	2	4.27*
	6	Sex	10.90	1	10.35*
Love/Belonging		Group	7.68	2	3.65*
	7	Sex	5.65	1	5.45*
	2	Sex	13.72	1	11.42*
	3	Group	9.54	2	4.95*
	11	Group	7.76	2	3.18*
Self-Esteem	24	Group	5.73	2	3.49*
	1	Sex	12.74	1	10.41*
		Group	15.45	2	6.31*

* $P \leq 0.05$

Table 22 -continued

Subscale	Item #	Main Effects	SS	df	F
Self-Esteem	3	Group	5.14	2	3.48*
	4	Group	11.92	2	5.56*
	6	Group	5.39	2	3.32*
	7	Group	26.97	2	13.38*
	8	Living	4.03	1	6.21*
		Sex	4.65	1	7.16*
	9	Group	24.01	2	9.13*
	10	Sex	6.59	1	5.63*
Self Actualization	1	Group	15.29	2	6.54*
<u>2-Way Interactions</u>					
Physiological	1	Sex X Living	8.03	1	4.94*
		Sex X Group	13.11	2	4.03*
	4	Living X Group	6.19	2	3.08*
		Sex X Group	8.89	2	4.42*
	6	Sex X Group	5.28	2	4.65*
Love/Belonging	13	Living X Sex	2.33	1	4.94*
	23	Sex X Group	9.62	2	5.16*
	24	Living X Group	5.03	2	3.07*
	25	Sex X Group	9.89	2	4.08*
Self-Esteem	1	Living X Sex	5.53	1	4.52*
	4	Living X Sex	7.64	1	7.12*
	6	Living X Sex	2.23	1	2.75*
	7	Living X Sex	8.10	1	8.04*
<u>3-Way Interactions</u>					
Physiological	2	Living X Sex X Group	8.35	1	7.23*

Table 22 -continued

Subscale	Item #	Main Effects	SS	df	F
Physiological	17	Living X Sex X Group	8.18	1	8.52*
	18	Living X Sex X Group	9.55	1	9.87*
Love/Belonging	2	Living X Sex X Group	5.11	1	4.26*
	5	Living X Sex X Group	4.29	1	4.13*
Self-Esteem	1	Living X Sex X Group	6.08	1	4.97*
	3	Living X Sex X Group	3.66	1	4.95*

*P \leq 0.05

Table 23

Significant Main Effects of a Multiple Comparison Analysis (ANOVA) by Purpose of Life, Attitude Towards Counseling and Group Membership

Subscale	Item #	Main Effects	SS	df	F
Physiological	4	Counseling	5.99	2	5.66*
	6	Purpose of Life	6.57	4	2.81*
	7	Purpose of Life	6.05	2	5.17*
	11	Group	20.52	2	9.59*
	12	Group	16.59	2	6.15*
	17	Group	12.56	2	6.17*
	18	Group	9.38	2	5.07*
	20	Group	31.69	2	10.74*
	21	Purpose of Life	8.52	4	3.25*
Safety	1	Group	13.74	2	5.88*
	6	Group	12.15	2	5.32*
Self-Esteem	1	Group	15.59	2	5.50*
	7	Group	11.63	2	5.17*
	9	Group	15.94	2	3.23*
Self-Actualization	1	Group	7.52	2	3.23*

*p 0.05

Table 24

Significant Main Effects of a Multiple Comparison Analysis (ANOVA) by Group Membership, Level of Income, and Marital Status

Subscale	Item #	Main Effects	SS	df	F
Physiological	1	Group	11.72	2	3.47*
	5	Group	13.37	2	4.49*
	6	Group	5.72	2	5.02*
	11	Group	11.77	2	8.92*
		Income	13.58	4	3.23*
	12	Group	16.99	2	7.27*
		Marital	12.89	4	2.76*
	16	Income	5.85	4	2.71*
		Marital	8.59	4	3.98*
	17	Group	15.82	2	7.61*
	18	Group	11.27	2	5.33*
	19	Group	2.49	2	3.43*
		Income	4.43	4	3.05*
		Marital	6.14	4	4.22*
	20	Group	14.13	2	4.69*
	21	Marital	7.44	4	3.21
Safety	6	Income	11.61	4	2.71*
	9	Group	18.88	2	6.38*
		Income	23.86	4	4.03*
Love/Belonging	5	Income	12.41	4	3.09*
		Group	5.95	2	2.97*
Self-Esteem	1	Group	12.79	2	4.89*
	3	Marital	15.12	4	5.38*
	7	Group	15.57	2	7.03*
	9	Group	13.28	2	4.85*

*P 0.05

Table 25

Pooled Mean Scores of Entire Study Population for Need/Problem Areas by Sex, Living Arrangement, and Attitude Toward Counseling

Area	N=205 Total Population Pooled Mean		N=99 Male Pooled Mean		N=105 Female Pooled Mean		N=97 Live Alone Pooled Mean		N=168 Live With Others Pooled Mean		N=117 Would Use Counseling Pooled Mean		N=79 Would Not Use Counsel. Pooled Mean	
Physiological	1.58		1.54		1.62		1.62		1.57		1.64		1.52	
Safety	2.15		2.03		2.28		2.07		2.17		2.19		2.07	
Love/ Belonging	1.59		1.48		1.70		1.51		1.59		1.67		1.47	
Self-Esteem	1.71		1.53		1.88		1.62		1.73		1.85		1.54	
Self- Actualization	1.82		1.81		1.83		1.79		1.83		1.89		1.75	
	Rank		Rank		Rank		Rank		Rank		Rank		Rank	
	Safety		Safety		Safety		Safety		Safety		Safety		Safety	
	Self- Actualization		Self-Esteem		Self- Actualization		Self- Actualization		Self- Actualization		Self- Actualization		Self- Actualization	
	Physiological		Self-Esteem		Self-Esteem		Self-Esteem		Self-Esteem		Self-Esteem		Self-Esteem	
	Self-Esteem		Love/ Belonging		Physiological		Love/ Belonging		Love/ Belonging		Physiological		Love/ Belonging	
	Love/ Belonging		Physiological		Love/ Belonging		Physiological		Physiological		Love/ Belonging		Physiological	

Table 27

Pooled Mean Scores of Working Educator Group for Need/Problem Areas by Sex, Living Arrangement, and Attitude Toward Counseling

Area	N=34		N=25		N=8		N=51		N=40		N=19	
	Male	Pooled Mean	Female	Pooled Mean	Live Alone	Pooled Mean	With Others	Pooled Mean	Would Use Counseling	Pooled Mean	Would Not Use Counseling	Pooled Mean
Physiological	1.53		1.58		1.52		1.81		1.58		1.49	
Safety	2.04		2.23		1.82		2.16		2.10		2.14	
Love/Belonging	1.60		1.78		1.39		1.69		1.60		1.63	
Self-Esteem	1.68		1.84		1.66		1.76		1.79		1.65	
Self-Actualization	2.08		1.83		1.86		1.99		1.93		2.05	
	Rank		Rank		Rank		Rank		Rank		Rank	
Self-Actualization	Self-Actualization		Safety		Self-Actualization		Safety		Safety		Safety	
Safety	Self-Esteem		Self-Esteem		Safety		Self-Actualization		Self-Actualization		Self-Actualization	
Self-Esteem	Love/Belonging		Self-Actualization		Self-Esteem		Physiological		Self-Esteem		Physiological	
Love/Belonging	Physiological		Love/Belonging		Physiological		Self-Esteem		Love/Belonging		Love/Belonging	
Physiological			Physiological		Love/Belonging		Love/Belonging		Physiological		Physiological	

Table 28

Pooled Mean Scores of Retired Educator Group for Need/Problem Areas by Sex, Living Arrangement, and Attitude Toward Counseling

Area	N=55 Male		N=43 Female		N=26 Live Alone		N=72 Live With Others		N=37 Would Use Counseling		N=53 Would Not Use Counseling	
	Pooled Mean	Rank	Pooled Mean	Rank	Pooled Mean	Rank	Pooled Mean	Rank	Pooled Mean	Rank	Pooled Mean	Rank
Physiological	1.50		1.74		1.69		1.57		1.74		1.56	
Safety	2.02		2.07		2.07		2.02		2.00		2.02	
Love/Belonging	1.39		1.62		1.55		1.46		1.57		1.40	
Self-Esteem	1.37		1.71		1.56		1.51		1.65		1.46	
Self-Actualization	1.63		1.57		1.72		1.75		1.92		1.65	
	Rank		Rank		Rank		Rank		Rank		Rank	
	Safety Self-Actualization Physiological Love/Belonging Self-Esteem		Safety Self-Actualization Physiological Self-Esteem Love/Belonging		Safety Self-Actualization Physiological Self-Esteem Love/Belonging		Safety Self-Actualization Physiological Self-Esteem Love/Belonging		Safety Self-Actualization Physiological Self-Esteem Love/Belonging		Safety Self-Actualization Physiological Self-Esteem Love/Belonging	

Table 29

Mean Scores and Standard Deviations for Persons Retired Less than, or More than 5 Years.

Item	Group Mean	Group SD	Retired Than Mean	Less 5 Years SD	Retired Than Mean	More 5 Years SD	Signif. of F
Physiological							
1	1.96	1.25	2.12	1.27	1.87	1.24	.357
2	1.93	1.19	1.76	0.97	2.02	1.29	.315
3	1.80	1.02	1.82	0.98	1.79	1.04	.922
4	1.42	0.85	1.56	1.01	1.35	0.74	2.47
5	1.96	1.14	1.88	1.05	2.00	1.19	.624
6	1.15	0.55	1.25	0.67	1.09	0.47	.193
7	1.22	0.59	1.30	0.68	1.17	0.55	.309
8	1.45	1.01	1.69	1.16	1.33	0.91	.089
9	1.86	1.15	1.88	1.02	1.84	1.21	.887
10	1.46	0.82	1.39	0.70	1.49	0.88	.580
11	2.22	1.16	2.13	1.04	2.27	1.22	.579
12	2.00	1.35	2.21	1.43	1.89	1.31	.279
13	1.41	0.89	1.42	0.90	1.41	0.90	.926
14	1.39	0.82	1.39	0.93	1.39	0.77	.984
15	1.35	0.68	1.33	0.69	1.36	0.68	.859
16	1.51	1.03	1.63	1.16	1.44	0.96	.422
17	2.11	1.29	2.00	1.19	2.17	1.34	.537
18	2.18	1.22	1.97	1.05	2.29	1.30	.237
19	1.33	0.92	1.15	0.53	1.42	1.05	.208
20	2.11	1.50	2.23	1.45	2.20	1.54	.922
21	1.14	0.61	1.16	0.64	1.13	0.59	.836
Safety							
1	1.83	1.07	1.81	1.06	1.83	1.08	.929
2	1.11	0.48	1.00	0.0	1.17	0.58	.097
3	2.36	1.11	2.21	1.14	2.43	1.10	.361
5	1.87	1.02	1.97	1.05	1.81	1.01	.474
6	1.79	1.04	1.76	1.00	1.82	1.06	.795
7	1.44	1.00	1.53	1.11	1.39	0.95	.520
8	2.13	1.16	2.18	1.13	2.09	1.18	.736
9	3.14	1.18	3.00	1.04	3.21	1.25	.434

Table 29 -continued

Item	Group Mean	Group SD	Retired Less Than 5 years		Retired More Than 5 years		Signif. of F
			Mean	SD	Mean	SD	
Love/Belonging							
1	1.87	1.23	1.97	1.31	1.82	1.19	.566
2	1.64	1.08	1.84	1.39	1.53	1.04	.182
3	1.45	0.88	1.73	1.03	1.29	0.74	.009*
4	1.85	1.08	2.03	1.09	1.77	1.67	.256
5	1.50	0.93	1.59	1.07	1.45	0.85	.487
6	1.73	1.11	1.91	1.17	1.63	1.67	.260
7	1.70	1.05	1.3	1.03	1.73	1.06	.665
11	1.50	0.98	1.62	1.08	1.44	0.93	.419
12	1.34	0.81	1.66	1.04	1.18	0.60	.008*
13	1.19	0.61	1.38	0.86	1.11	0.41	.048*
16	1.46	0.97	1.64	1.03	1.38	0.93	.204
17	1.31	0.81	1.45	0.90	1.23	0.76	.193
18	1.36	0.87	1.45	0.87	1.31	0.88	.435
19	1.79	1.16	2.12	1.27	1.61	1.06	.041*
22	1.47	0.98	1.63	1.04	1.39	0.94	.284
23	1.45	0.87	1.56	0.91	1.39	0.85	.364
24	1.32	0.77	1.50	0.80	1.23	0.75	.114
25	1.76	1.11	2.00	1.16	1.63	1.07	.129
Self-Esteem							
1	1.71	0.95	1.48	0.71	1.83	1.03	.089
2	1.49	0.91	1.50	0.98	1.49	0.87	.968
3	1.28	0.65	1.39	0.79	1.22	0.58	.247
4	1.46	0.83	1.69	1.03	1.34	0.69	.056
5	1.82	1.21	1.81	1.09	1.83	1.27	.044
6	1.35	0.74	1.58	0.90	1.23	0.61	.029*
7	1.56	0.90	1.69	1.03	1.49	0.83	.318
8	1.26	0.67	1.38	0.79	1.21	0.60	.249
9	1.63	1.07	1.81	1.20	1.54	1.00	.239
10	1.67	1.11	1.88	1.24	1.57	1.03	.202
Self-Actualization							
1	2.07	1.14	1.97	1.05	2.13	1.19	.532
2	2.06	1.20	1.84	1.19	2.17	1.20	.207
3	1.66	1.14	1.52	1.06	1.73	1.18	.396
4	1.62	1.04	1.53	0.89	1.66	1.10	.595
5	1.68	1.01	1.70	0.95	1.67	1.03	.882
6	1.93	1.11	1.93	1.05	1.94	1.14	.996
7	1.58	1.01	1.63	0.94	1.55	1.05	.736

*P 0.05

APPENDIX C

WRITE-IN RESPONSE OF STUDENTS

The following information provides a list of write-in items grouped by need/problem area. The Likert scale rating is provided along with the indication as to when an item was considered most important (for that individual) for that need/problem area.

Physiological Need/Problem Area

Subject Number		Item Number	Rating	Important
209	I can't loose weight	25	4	
222	I get impatient with dim or obese people	22	5	
222	I lothe busy work	23	5	X
223	Don't feel in top physical condition	22	4	
230	Occasional attack of vertigo	22	4	
231	Trying to keep weight off	22	4	X
235	I smoke cigarettes	22	4	
235	I'm over weight	23	5	X
237	I'm over weight	22	4	X
238	Sinusitis	22	4	

Safety Need/Problem Area

Subject Number		Item Number	Rating	Most Important
201	Plane crash or car accident taking loved one	10	4	
203	Gasoline shortage getting worse	10	4	
204	Safety while on bicycle	10	5	
204	Additives in food	11	5	
204	People use too many specialists for their problems	13	5	X
209	Fear car accident	10	4	
209	Fear developing cancer	11	4	
217	Working hazards in high school class rooms	10	4	X
219	Fear not being able to live up to future expectation	11	5	
220	Difficulty riding my bike on streets	10	4	X
222	Fear economy going thru recession	10	4	
222	Fear my old car may breakdown	11	5	
223	Not able to support myself	10	4	
225	I fear losing members of my family	10	4	
226	I fear rape	10	5	
227	I fear harm to those close to me	10	5	X
230	Fear death of family members	10	5	
230	Fear accident or failure will prevent finishing school	11	4	

Safety-continued

Subject Number		Item Number	Rating	Most Important
230	Fear not having energy to succeed in life	12	4	
230	Fear insanity via outside pressure	13	3	
235	Death of close family or friend	10	4	
238	I feel vulnerable in love relationships because of sensitivity	10	5	
238	I fear something will happen to those I care about	11	5	
238	I think too much and it brings me down	12	5	X
241	Ride motorcycle and fear other motorists	12	4	
244	Fear serious health problems and being out of shape	10	5	X

Love/Belonging Need/Problem Area

Subject Number		Item Number	Rating	Most Important
201	Spouse and I don't communicate	14	5	X
203	I have no partner	14	4	
203	I cannot confide deep feelings with men	15	5	X
204	I feel others don't want to work on closeness	8	5	
204	I am often judged by my clothes and speech	9	5	
204	No sense of community out there	10	5	
204	Wife dosen't communicate minor problems	14	4	
204	I feel I don't have her confidence	15	3	
204	Parents' actions don't coincide with their word	20	5	
204	Parents ceased to grow, are dogmatic	21	5	X
204	Live far from friends	26	5	
204	College town not condusive to friendship	27	4	
208	I have trouble feeling comfortable with people I don't know	8	4	
209	Often lazy and don't put enough into friendships	8	4	
209	I let boy friend influence what I do or don't do with friends	8	4	
209	Not enough time with spouse	14	4	
209	We both have so much on our minds we forget about the other person	15	4	X
210	I feel responsible for spouse's happiness	14	4	
210	I feel guilty for not wanting to be with just spouse all the time	15	4	

Love/Belonging -continued

Subject Number		Item Number	Rating	Most Important
217	Don't know what's expected in love relationship, don't know how to recognize it	8	4	X
218	Want boyfriend yet hate to feel the need. Mrs. is cop-out	8	4	X
220	Afraid of be-ng rejected or used	8		
222	I live far from fiance and gas costs are rising	8	5	
222	My only real sense of belinging comes when on active duty with military	9	5	
222	Family dosen't view fiance as a serious person	20	4	X
222	My good friends are mostly 10 years older than I am	26	2	
223	Distance puts strain on partner	14	5	X
223	Feel distant and unfamiliar in family	20	4	
224	No partner	14	4	X
227	I grow dependent on those close to me	8	4	
228	I have a difficult relationship with my father who does not understand me	20	4	
230	No serious communication with spouse	14	4	
230	We (spouse) have conflicts of interest	15	4	
230	Separation from siblings by miles	20	4	
230	Need to find mutual interest with fiance	26	4	
235	Some fate will prevent spouse and I from marriage and happiness	14	5	

Love/Belonging -continued

236	Find people who like what I do	8	3	X
237	Decisions with spouse sometimes hard to make because of different needs and wants	14	4	X
237	My close friends live out of town	26	4	
238	Being alone	8	4	
238	Need someone to share affection with	14		X
238	Family relationships unclear	20	4	
240	Feel parents don't care	21	5	X
244	Having trouble believing others really understand my problem	8	4	
245	Need to find spouse or pratner	15	4	
247	Partner and I have trouble expressing desires at times	14	4	

Self-Esteem Need/Problem Area

Subject Number		Item Number	Rating	Most Important
201	Spouse shatters self-esteem	11	5	X
218	I am insecure	11	3	
222	The fervor with which I embrace my military career isn't understood by others	11	4	
226	I am not sexually appealing when compared to others	11	5	X
231	Don't express true feelings as I wish I did	11	4	X
237	Sometimes feel I displease my husband	11	3	X

Self-Actualization Need/Problem Area

Subject Number		Item Number	Rating	Most Important
201	Blame self when others are unhappy	8	4	X
202	Self confidence among professional peers	8	4	
204	Dogmatic systems prevent my growth	8	5	X
204	Other's closed-mindedness prevents my growth	9	5	
204	Others show too much materialism	10	5	
204	Others' deeds do not match their words I ha-e trouble communicating	11	5	
209	Attachment to loved ones holds me back	8	4	X
210	Not progressing as rapidly as I should toward career goals	8	4	
218	Let my friends down (break plan-)	8	5	
218	Am emotional and energetic, therefore I think of myself more than others	9	5	X
220	No person to share myself with	8	4	
221	Over competitive with members of the opposite sex, especially sports	10	4	
222	Feel time in college wasted and resent needing BA for good job	8	5	X
222	Have so many interests I have trouble focusing	9	4	
223	Am afraid I will not grow as an individual when taken out of college setting	8	4	X
226	Don't have the time to be as creative as I would like to be	8	5	X
230	Not able to get enough education	9	4	

Self-Actualization -continued

Subject Number		Item Number	Rating	Most Important
230	Unable to establish working relationships therefore education difficult	9	4	
237	Sometimes too expensive to pursue self-actualization interests	8	4	
237	Hard time deciding what interests I'd like to excell in	9	5	X
238	My values and feelings have been changing and therefore are unclear	8	5	X
238	I need to have a close relationship	9	5	
238	I am romantic and sentimentalist, hold tough to things I have materially and spiritually	10	5	X
242	Difficult making important decisions	8	4	
244	Don't adequately verbally express my opinion	8	5	
245	Have not grown via Christ since moving to Gainesville	8	5	X
247	Supressed desires to express myself thru singing	8	4	X

APPENDIX H

WRITE-IN RESPONSE FOR WORKING EDUCATORS

The following information provides a list of write-in items grouped by need/problem area. The Likert scale rating is provided along with the indication as to when an item was considered most important (for that individual) for that need/problem area.

Physiological Need/Problem Area

Subject Number		Item Number	Rating	Most Important
021	Migraine	24	4	
021	Slipped Disc	32	4	
021	Weight	22	5	X
033	Fear of forming open and lasting relationship with another woman	22	4	
041	Smoke too much			
055	Slightly overweight	22	4	

Safety Need/Problem Area

Subject Number		Item Number	Rating	Most Important
001	Moving to a new home and town	10	5	X
004	Transportation insurance - accidents	10	4	
006	Faulty aircraft and other vehicles	11	4	
006	Polluted areas of city are harmful	10	5	
008	Wreckless driving	11	4	
118	Small kids being assaulted	10	4	
013	Inflation	10	4	X
017	Children's safety at school	10	4	X
019	Auto accidents on trips	11	4	
019	Auto accidents in town	10	2	
021	General rise in crime and unlawful behavior	10	2	
022	Hope my plans for retirement are sufficient	11	5	
022	Concerned of effects of my not being able to work	10	5	
023	Mental and physical safety of my children	10	5	X
024	Work safety	11	4	
024	Highway safety	10	4	X
025	Need new car - can't afford one	10	4	
027	Safety and security of family	10	4	X
028	Safety of small cars	11	4	
028	Growing crime rate	10	4	

Safety -continued

Subject Number		Item Number	Rating	Most Important
031	Car being vandalized	10	3	
034	Ability to provide children with college education	11	4	
034	Safety in traffic	10	4	
037	State of nation in Jamaica	10	4	X
038	Highway safety	10	4	X
041	Highway safety	10	4	
042	Live on busy street, some drive too fast	10	3	
043	Can't walk around and feel safe	10	4	
047	Concerned about success of my three sons	13	5	
047	My health (spinal arthritis)	12	5	
051	Safety of children physical and mental	11	5	
051	Safety of people I supervise on the job	10	5	X
053	Worry about driving safety	11	4	
055	Personal health, illness, cancer, accident	11	2	
055	Health and safety of family	10	4	X
057	Inflation	11	5	X
057	Having enough gasoline	10	4	

Love/Belonging Need/Problem Area

Subject Number		Item Number	Rating	Most Important
004	Lack of communication with spouse	14	4	X
013	I've changed and this has threatened my friends	26	4	X
022	Brother won't help with family problems	21	5	
022	Mother (84) in nursing home	20	4	
022	Husband died and I miss him	8	4	
024	Inadequate network of friends	8	5	X
025	Need to increase willingness to share love with others not in family or group	8	4	X
029	Need to feel someone loves me for my whole self	8	5	X
034	Don't take time to meet others on a personal level	8	4	X
039	We both have many varied interests which are not mutual	14	4	X
040	Partner has lost pride in house and self	14	5	
041	I have no truly close friends in the town where I live.	8	4	
047	Too far from friends	20	4	
047	Need to interact with church more	8	4	X
051	Getting others to understand my responsibilities	8	4	X
052	Sense of loss -children leaving	20	5	X
055	Need more close friends my age with common interests	27	4	X

Love/Belonging-continued

Subject Number		Time Number	Rating	Most Important
057	Father does not want me to marry until he dies			
058	Problem communicating with parents	20	5	X

Self-Esteem Need/Problem Area

Subject Number		Item Number	Rating	Most Important
047	Curvature of the spine makes me look different	11	5	X
057	Starting to bald	11	5	X

Self-Actualization Need/Problem Area

Subject Number		Item Number	Rating	Most Important
001	Lack of security	8	4	X
001	My wife has not grown and widened her interests	8	4	X
013	Not growing fast enough	8	4	
022	Teaching so important to me but low value in eyes of others	8	5	X
024	Decision making	9	4	
024	Time management	8	4	X
-31	To act not react toward those doubtful of my motives	8	4	
037	Sometimes don't devote enough time to my family	8	4	X
039	Career future (am I "there")	8	4	X
041	Inflation vs. wages	8	5	X
041	Not as open as I'd like to be	9	4	
043	Not articulate	8	4	X
043	Need greater self-confidence	8	4	
047	Not enough time	8	4	
049	New people with varied interests with whom to work	10	4	
049	Low energy	9	4	
049	Not enough time for growth	8	4	
049	Job beginning to pull on me	8	4	X
049	Not enough leisure to pursue special interests and hobbies	8	5	X

Self/Actualization Need/Problem Area

Subject Number		Item Number	Rating	Most Important
053	Worry about children leaving home (they give me much self-esteem)	10	4	
053	Worry that I'm so long getting my education	8	5	X
055	May not be in right career field	8	4	X
057	Want to run for school super- intendent and get elected	10	4	
057	Want 4 or 5 beautiful women to like me	9	4	X
057	Write a text book	8	4	
058	Worried about current job and	8	5	

APPENDIX I

WRITE-IN RESPONSES OF RETIRED EDUCATORS

The following information provides a list of write-in items grouped by need/problem area. The Likert scale rating is provided along with the indication as to when an item was considered most important (for that individual) for that need/problem area.

Physiological Need/Problem Area

Subject Number		Item Number	Rating	Most Important
102	Need greater fulfillment in sex area	22	3	
126	Memory not as good as it was			
135	Bladder infection	22	4	
135	Kidney infection	23	4	
139	My many diseases cause anxiety and limit travel	22	5	
139	Can't read but for short periods of time	23	5	
139	Hearing loss prevents conversation and music	34	5	
160	Arthritis	22	4	
169	House and yard too large to take care of	22	4	X
169	Don't know best way to invest nest egg	22	4	
173	Need more interesting exercise of recreational type	22	4	X
182	Degenerating spine	20	4	X
182	Neck injury requires occasional use of weights		4	
139	Body unable to absorb sugar	22	5	
189	I easily become too warm	23	4	
189	I rarely perspire	24	4	

Safety Need/Problem Area

Subject Number		Item Number	Rating	Most Important
101	Attitude of most of the medical profession is deteriorating	10	4	
105	Energy crisis	10	4	
107	Fire and lack of fire protection	10	5	
108	Keeping unauthorized persons off land	11	5	
109	Transportation in event I become incapable of driving	10	4	
110	Driving	10	3	
113	I see poorly and worry about traffic safety and falling	10	5	X
114	Helping my married children with their financial problems	10	4	
114	Financing needed house repairs and maintenance	11	4	
125	Heavy and uncontrolled auot traffic	10	4	X
126	Traffic	10	2	
126	Blackouts	11	2	
126	Nuclear fallout	12	2	
127	When husband out of town don't feel secure in home	10	4	
128	Safety on highways	10	4	
131	Driving and highways	10	4	
133	Husband completely dependent on me. If I get ill....	10		
134	Air pollution-emission of carbon monoxide	10	4	X

Safety -continued

Subject Number		Item Number	Rating	Most Important
135	Alone	10	4	
135	Health - severe arthritis	11	4	X
135	Unable to pursue community interests	13	4	
136	Poor street lighting	10	4	
136	Dense foliage in area (convicts may hide there)	11	4	
136	Poor water drainage	12	4	
136	Rodents dwelling in area and thicket	13	4	
138	My home is on a sinking foundation of clay	10	5	X
139	Home withstanding storm	10	4	
140	Can I drive a car safely - can I exist without one	10	5	X
145	Falling (like alone)	10	4	
145	Poor eyesight - falling	11	4	
145	Being cheated	12	5	
145	Keeping house as I want it kept	13	5	
147	Safe driving	10	3	
151	Population explosion	10	4	X
158	Going out alone	10	2	
158	Can walk only short distances	12	4	X
159	Continuing inflation	10	4	X
160	Prowlers around house	10	5	

Safety -continued

Subject Number		Item Number	Rating	Most Important
161	Need street lights	10		
161	Need weekend transportation	12		
162	Uncertain about mental and physical future	10	3	X
167	Fear that I may predecease my heavily dependent wife	10	4	X
169	Problem with arthritis and home not built with this in mind	10	4	X
169	Fear traveling (far) in car	11	4	
169	I have a great fear of becoming senile	12	5	
176	Hazardous driving around town	10	4	
178	Fear of being widowed again and left alone	10	5	X
179	Need further development of neighborhood prowler watch	10	4	X
179	Need more medicare coverage	11	4	
181	Economic inflation	10	4	
181	Growing unemployment of youth	11	5	X
181	Decline in ethical sensitivity	12	5	
181	Cost of college education	13	4	
185	Afraid to go out after dark alone	10	5	X
186	Dangerous auto and truck drivers	10	4	
188	Being out alone at night	10	4	
188	Driving on highway	11	3	
189	Not enough police protection	10	5	

Safety-continued

Subject Number		Item Number	Rating	Most Important
189	Fear stray animals around home	11	5	
189	Fear insurance company and commis- sion does nothing	12	4	
189	Fear careless and drunk drivers on the road	13	4	
193	If my husband dies I'll have trouble keeping the farm	10		
195	Danger on side streets without sidewalks	10	4	
195	Bike routes inadequate	11	4	
195	Breaking and entering of a car	12	4	
196	Increased medical and hospital costs	10	4	
196	Have older parent on SSI that will require nursing home care	11	5	

Love/Belonging Need/Problem Area

Subject Number		Item Number	Rating	Most Important
106	Loneliness from on live-in companion	8	4	
107	Sharing requires relating well with others	8	4	X
107	We (spouse) should enjoy a lot of the same activities	14	4	
107	Among family not enough respect for judgement	20	4	
114	Sexual adjustment	14		X
119	Distance from children and grand-children are drawbacks	20		
125	Miss the close family feeling I had with friends before	20	4	X
135	Miss close family ties	8	4	
135	I have many contacts with people but they don't seem important	9	4	
138	Sometimes I wish someone would come in and play scrabble with me	8	3	
138	Granddaughter has problems	20	4	X
138	My daughter very busy	26	2	
158	My friends die off and I need to find others	8	4	
160	No sense of being really needed or wanted	8	5	X
175	Need a couple of tennis and racket-ball players	8	3	
181	I find too few interested in conversation	8	4	X

Love/Belonging -continued

Subject Number		Item Number	Rating	Most Important
187	Sometimes I become too involved and can't carry through commitments	8	4	
188	I am unable to keep up communications with people living distant	8	4	
188	I do not see former colleagues enough	9	4	
188	Too older siblings live in another state, communication difficult	20	5	
188	Neices and nephews in other states have busy lives and little time for communication	21	4	
189	Feeling of security with my neighbor	8	4	
189	Not enough patience between spouse and I	14	4	
189	Lack of congeniality	15	4	
189	Too overindulging when it comes to my family needs	20	4	
180	Not enough contriteness to my family group	21	5	
189	I am a little too temperamental with friends	26	4	
189	Too over zealous	27	4	
189	Son has unresolved problem	8	4	

Self-Esteem Need/Problem Area

Subject Number		Item Number	Rating	Most Important
135	Chronic arthritis threatens my independence	11	5	X
135	Unable to care for myself at home for past few months	12	5	
135	Inflation concern with necessities	13		
138	Need to publish a book	11	5	X
138	Need to regain confidence to drive	12	4	
139	I have never fulfilled my potential and never will	11	5	X
141	Hand shakes	11	5	
146	Feel ignored and put on shelf because of age	11	5	X
165	Feel forced retirement unfair for those in good health	11		X
188	I am stereotyped as old by service people and public	11	4	X
189	Sometimes I feel indifferent towards others	11	2	
189	I am too possessive sometimes	13	3	
194	Past accomplishments either ignored or not recognized	11	4	X

Self-Actualization Need/Problem Area

Subject Number		Item Number	Rating	Most Important
101	Inability to grapple with public problems due to health	8	5	X
105	Need to be creative	8	4	X
107	To achieve goals takes great motivation	8	4	
107	Confidence, daring and risk-taking are essential to achievement	8	5	
113	Not as gracious in speech to others as I would like	8	5	
113	I have always considered myself a failure	9	5	
114	I have feelings of diminished acceptance as I grow old	8	4	X
118	Poor health and eyesight makes it unsafe for me to drive	8	4	
129	Need more time for personal growth and friends	8	3	X
129	Should increase number of friends	9	3	
130	Not enough time to do all I want to do	8	4	X
132	Not enlarging circle of friends	8	4	
132	Not reading as much as I need to	9	4	
132	Not getting out and mingling	10	4	
132	Not attending cultural affairs	11	4	X
135	Unable to function effectively in day-to-day world	8	4	

Self-Actualization -continued

Subject Number		Item Number	Rating	Most Important
135	My thinking is ahead of my physical means	9	4	
135	Lonely	10	4	
135	Cannot be active in any interest group	11	4	
136	At times I am very slow to project	8	4	
138	I have started 3 books, but don't work on them	10	5	X
138	I need a push from someone to work on book	10	5	
142	Feel more subject to illness	8		
143	Depression due to poor health of spouse	8	5	X
145	Always want independence and not to be a burden	8	5	X
146	I need a sense of being useful to others	8	5	X
148	People recognizing my talents	10	3	
151	Concerned about excessive use of drugs	8	2	X
172	Many disregard the values I cherish	10	2	
176	I chose the road of least resistance	8	4	
179	Difficult to find inspiring discussion group	8	4	
179	Physical labors of housekeeping limit time for other intellectual and spiritual activities	9	4	
179	Travel is increasingly expensive	10		
181	My memory is not lively and retentive	8	4	X

Self-Actualization-continued

Subject Number		Item Number	Rating	Most Important
181	My health prevents extensive travel	9	4	
188	My physical strength limits my participation in social activities	8	4	X
188	Lessened contacts in profession makes feeling abreast difficult	9	4	
189	Need more recognition and acceptance of others	8	4	
189	Today's standards of morality, peace and culture I can't understand	9	5	
189	Need to be able to plan decisions based on a principle	10	5	X
189	How can I come to terms with the ultimate reality of life		5	

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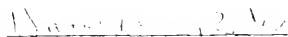
BIOGRAPHICAL SKETCH

James M. Orr, Jr., the oldest of three children, was born in Venice, Florida, on December 6, 1944. After completing his secondary education at Cocoa High School, he entered Brevard Junior College and received an AA degree, with an emphasis in psychology. The Viet Nam War interrupted his education at Florida State University, but upon completing his tour of duty in the Army, he returned to FSU and, with the help of his dissability allowance and the Veteran's Educational Assistance Act, he graduated in 1971 with a BA in psychology.

James began his professional career as a teacher for the emotionally disturbed and socially maladjusted. After three years of teaching and a master's degree in the field, he began work on an Ed.S in Counselor Education at the University of Florida. When this degree was completed in 1976, he immediately began work on his doctorate. While studying for his Ph.D., James was sponsored as a graduate student by the Center for Gerontological Studies and Programs at the University of Florida, and was employed at the Psychological and Vocational Counseling Center on campus.


James enjoys jogging, racketball, photography, and is an interested member of several professional organizations in the field of counseling.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



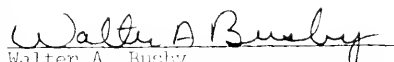
Harold C. Riker, Chairman
Professor of Counselor Education

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E. L. Tolbert
Professor of Counselor Education

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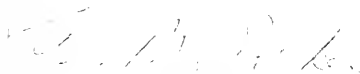
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This dissertation was submitted to the Graduate Faculty of the Department of Counselor Education in the College of Education and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

December 1979

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